The Action Research Foundation

A Voyage of Discovery

H. David Archibald

THE ADDICTION RESEARCH FOUNDATION

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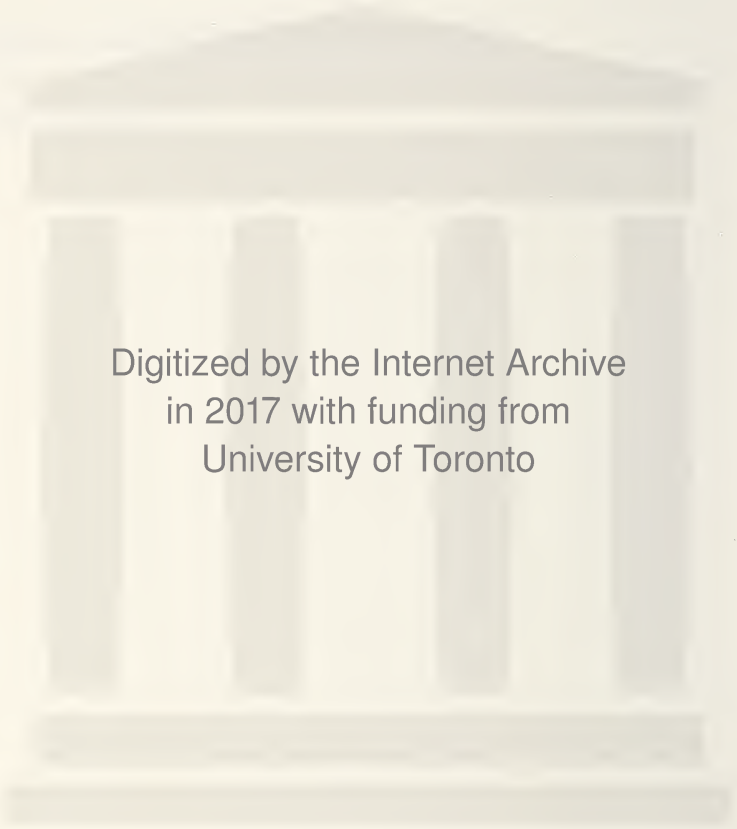

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ADDICTION RESEARCH FOUNDATION

A Voyage of Discovery

by

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ARF Addiction Research Foundation / Fondation de la recherche sur la toxicomanie

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FOREWORD

This book, written to mark the 40th anniversary of the Addiction Research Foundation of Ontario, is difficult to classify. As defined by common usage, history is written long after the events described by someone who was not involved in those events and who, with benefit of hindsight and presumed objectivity, can describe and analyse them in the perspective of time. Memoirs, in contrast, are written by those who were personally involved in the events and can present them with the vividness and intensity of feeling that flow from such involvement. This account of the Foundation's early years, and its period of greatest growth and diversification, defies any such neat and simple categorization.

In part it is, as it should be, the memoirs of the man who, more than any other, created, guided, and left his personal mark upon the Foundation. Everyone who knows the Foundation well, knows that its story is inseparable from that of H. David Archibald. Therefore his memoirs provide a vivid and highly informative picture of the interactions among his own personality, vision, and drive, the external forces arising from government and the public, and the intrinsic pressure and flow of research in the evolving field of addictions.

At the same time, however, the author is also chronicler, observer, and interviewer, for much of the text actually consists of the recollections and comments of others, both inside and outside the Foundation, who were connected with it in various ways and at various times. Through their eyes the reader can get an excellent picture of the immense complexity and diversity of ARF activities and of the addictions field itself. The overall effect is rather like looking through a family photograph album—with benefit of audio tapes as well—and glimpsing the personal interactions, the problems, anxieties, challenges, achievements, conflicts, friendships, and the guiding philosophy and goals of the many individuals who constitute the organization. There is even

room in it for the whimsical verses of the Foundation's beloved "poet laureate," Basil Scully.

The reader will not find here a detailed catalogue of all the research programs and achievements of the ARF scientific staff. Only the landmark research of the epidemiological studies group, that demonstrated the relation among the price of alcohol, the levels of consumption, and the death rate from cirrhosis of the liver, is described in any detail, and even that is because this work illustrates the uneasy relation between research and government policy. Some of the valuable services provided by parts of the Foundation, such as the statistical unit, are not mentioned. This should not surprise the knowledgeable reader, because that is not the purpose of the book. Such information can be found easily in the annual reports, the *Research Digest*, and the many other publications available to the various publics served by the Foundation.

Rather, this is a story of the human beings whose work is the *raison d'être* of the organization. It is a powerful argument for the broad, multidisciplinary, international approach, rather than the narrowly parochial one, for the prevention and solution of a major and universal human problem. It is a striking portrait of the enlightened administrator (exemplified by David Archibald himself) who, despite a personal background in public or social service, can also function as the enthusiastic supporter and protector of research and education. And it is the ongoing story of continuing problems and challenges, rather than a completed story with a "happy ending."

This is surely the only realistic account for a 40th anniversary. In providing it, David Archibald has rendered an important service to all who are interested in the dynamics of organizations such as the Foundation, and who want to understand the genesis of organized responses to society's problems. It is a story that deserves to be read.

Harold Kalant
Addiction Research Foundation

PREFACE

We shall not cease from exploration
And the end of all of our exploring
Will be to arrive where we started
And know the place for the first time
Rudolf Stussi

This has been a voyage of discovery. Reviewing documents long since forgotten. Re-reading correspondence with politicians and other important persons active in public life. Reminiscing with many persons whose careers—in whole or in part—have been spent with the Foundation. Re-living many early experiences, some exciting and some distressing, as we developed the Foundation from a very small organization, provincial in both geography and outlook, to a large research, training, and education centre—known, respected, and renowned the world over.

Because the Foundation is basically a people organization, made famous by the quality of its staff, I have chosen to let them speak for themselves and for each other. Through their eyes the reader can learn how the organization evolved, can sense the flavor of the times, can understand better the concerns and challenges that were ever present and, it is hoped, can appreciate the great contribution the Foundation has made to the development and application of knowledge in this enormously complex field. Through the words of those who helped build the Foundation,the total experience can, in my judgment, be most eloquently and truthfully told.

I have decided arbitrarily to reflect on the history primarily during the period of my own time as chief executive officer—from 1949 to 1976. A more comprehensive report must await future developments. Moreover, only a few of the many people who have built the Foundation have been quoted in this book. When so many people have made important contributions to our work,

only a sample can appear in any single report. Nevertheless, the book is dedicated to all members of staff—past and present—who have contributed so much to the work of the Foundation specifically, and the field of addiction generally.

In a very practical sense this chronicle could not have been produced without the dedicated work of a few people: of Bernice McGowan and the late Sylvia Stevens, who brought many of the early documents together; of Dorothy Warrington, who researched and summarized many of the important reports and "word processed" the long monologues of the author and the extensive interviews with so many contributors; and of Barbara Fulton, who, in my opinion, did a magnificent job of juggling and editing the large masses of material. A very special thanks is due to my wife and family who have been a constant support over these many years.

To all who have travelled with me on our Foundation's voyage of discovery my deep respect and appreciation.

H. David Archibald

A TRIBUTE TO THE MEMBERS OF OUR BOARD OF DIRECTORS

Over the years, the strength of the Foundation and its development into an international centre of excellence is, by itself, a tribute to the quality of our staff and their commitment to our objectives and purpose. However, our staff had great support from the members of our board of directors, all of whom were selected for membership and appointed by our Lieutenant-Governor because they were leaders, in their own right, from various occupations and communities of Ontario.

Those who have contributed freely of their time and wisdom to serve on our board are too numerous to mention all by name; however, from 1949 to the present, nine outstanding persons have served at various times as chairmen.

By listing them below I reflect our gratitude to them, and to all who served on the board with them, for their tremendous support and leadership.

J.J. Page (Acting)	1949 - January 1951
Arthur Kelly, KC	February 1951 - May 1953
Isaac McNabb	July 1953 - February 1962
Robert Stevens	July 1962 - May 1969
Theodore Gaetz	May 1969 - May 1974
Lawrence Bonnycastle	May 1974 - September 1979
Clarence Shepard	September 1979 - September 1981
John Macdonald	October 1981 - December 1987
William Moher	January 1988 - Present

DOING SOMETHING ABOUT "THE PROBLEM"

DAVID ARCHIBALD

When you were an Ontario MLA, John, you gave a speech in the House on the problems of alcohol. I am not sure that I am quoting you accurately but you said something to the effect that if you had your way, you'd "do away with these damn drinking institutions we've got around here and bring in the English pubs."

JOHN FOOTE

Well, I criticized them as being just booze joints where the people almost got into the trough. There was no social grace about the atmosphere at all, and no relaxation. The surroundings were very unpleasant...dirty and noisy.

That critical speech by Major John W. Foote, member of the Ontario Legislature in 1948 and a World War II hero honored with the Victoria Cross for his bravery as a chaplain on the bloody beaches of Dieppe, showed the kind of fervor Premier Leslie Frost was looking for. He had appointed Foote deputy commissioner of the Liquor Control Board in 1949, stating that he wanted "someone with plenty of time to listen to criticisms of the situation, especially the criticism levelled by the temperance forces." (Toronto Daily Star, *December 5, 1949.)*

"The situation" was uproar about government liquor policies which had risen to a crescendo in 1947 when then premier George Drew and his attorney general Leslie Blackwell introduced legislation permitting the sale of liquor by the glass through cocktail lounges in cities of more than 50,000 people. In a speech to the Ontario Hotelmen's Association Blackwell had declared that "cock-

tail bars and other new types of licensed premises are being introduced to legalize, and bring to light of day, drinking practices which have grown up illegally in every large municipality." Touching on opposition to legalized drinking, he said he was convinced that "out and out prohibitionists were no more than a corporal's guard. Liquor may now be consumed in public instead of being drunk in bedrooms, motor cars, lavatories and all sorts of places." (Globe and Mail, *January 20, 1947.)*

The move was seen by many to be legally correct but morally wrong. A Temperance Advocate *editorial (February 1947) even questioned its legality: "For the disenfranchisement of Toronto, Ottawa, Hamilton, London, and Windsor there is absolutely no excuse. What a flouting of democracy such a jug-handled law is!"*

Controversy over this new liquor policy led to Drew's defeat in his home riding by William Temple of the New Democratic Party and a longtime "warrior" in the Temperance Movement. The* Temperance Advocate *had a sharp retort to Mr. Blackwell: "The defeat of the premier in High Park and the reduction by 8,000 of the attorney general's vote in Eglinton is an indication of adverse public opinion concerning freer liquor sales, and the 'pious minority' seems to be quite a group—the corporal's guard seems to be growing." The new Conservative premier of Ontario, the Honourable Leslie Frost, had inherited a very difficult political situation.*

Leslie Frost had his roots in rural Ontario. He used to say he learned more about the wishes of the people of Ontario while sitting in the barber's chair in Lindsay than he did anyplace else. He was generally seen as a man of very high moral standards and a strong leader. On numerous occasions when the members of the legislature were engaging in hot and unruly debate, Leslie Frost would rise and, somewhat like a clergyman blessing his restless congregation, utter a few words and the members would quickly settle down. This response was an indication of the high regard in which he was held by members of the legislature, whatever the party allegiance.

In later years, when the Honourable Robert Nixon, then leader of the opposition, was reminded of Leslie Frost's role in establishing the Alcoholism Research Foundation, he remarked, "That was an absolutely brilliant move by Leslie."

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* In those days it was known as the Cooperative Commonwealth Federation Party (CCF).

JOHN FOOTE

Leslie was a moderate drinker, and he enjoyed alcohol. I'd go out sometimes to his cottage in Lindsay if we had something special to talk about—for example, liquor licences; he was not inclined to spread them too thickly. He'd say, "Well, Johnny, have you been a good boy?" I'd say "yup." He'd say, "Well, we'll have a drink." It was free and easy. I don't think he was ever drunk in his life....Oh, he was a delightful man. He had a very, very keen mind. And he had a great vision for Ontario—for its development. To begin with, he was a great churchman. I mean a real one.

Frost also had the confidence of the Temperance Movement. His wife was a member—as John Foote expressed it, "Gert was rabid on that." In fact, she used to lecture her husband every weekend on his government policies.

In a letter published in the Temperance Advocate *(April 1951) Premier Frost wrote, "The whole liquor problem is one of extreme difficulty—since my youngest days I have had knowledge of the problems involved. I must admit that I have never met anyone with the complete answer. Much of what we do has to come from experience which we all gain. For that reason, first of all, I have been glad to receive the views of all good citizens, whoever they may be. In connection with this problem...my door has always been open to the representatives of the Ontario Temperance Federation, despite the pressures of the times in which we live. That will always be the case as far as I am concerned."*

On the government's side, too, was Alcoholics Anonymous, which had been introduced to Ontario by the Reverend George A. Little, DD, editor of Sunday School publications for the United Church of Canada. Dr. Little's office was located in United Church headquarters, at that time on Queen Street West in Toronto. He maintained an open door policy for anyone in trouble, but particularly for alcoholics. A common saying among alcoholics in Toronto was "Let's go over and see the Reverend, let him pray a little, and then we'll pick up 50 cents." Despite the facetiousness, a number of them did achieve sobriety through the minister's therapeutic intervention.

Dr. Little and Percy G. Price, who was a missionary in Japan from 1912 until the war forced his return to Canada in 1940, arranged the first official Ontario AA meeting in January 1943, after

a dinner with six alcoholics at the Little Denmark restaurant on Bay Street in Toronto. In June of that year, the first AA clubroom was established at 160 Bloor Street East. From this relatively small beginning the AA movement developed and spread throughout Ontario and Canada.

The Honourable Russell T. Kelley, minister of health of Ontario in 1949, was influenced profoundly by AA. In a memorandum to his fellow cabinet ministers dated March 14, 1949, Mr. Kelley wrote, "Over two years ago, I became interested in Alcoholics Anonymous, and during that time I have had many conferences with men prominent in the work....As the members of council know, I have brought up, on several occasions, the idea of doing something practical for AA, but nothing has developed. Nearly a month ago, I had two interviews with the prime minister [the Honourable George Drew] and advised him that I was prepared to resign my portfolio as minister of health and give the rest of my life to the work of AA. He did not wish me to do this; he went so far as to say he would support my request and he suggested that I see Mr. Frost. [Leslie Frost was then provincial treasurer.] I did this the same day. Mr. Frost gave no indication in his office as to what his stand, as provincial treasurer, would be. We went down to lunch together and the members of council who were in for lunch that day may remember his words, 'Well, Russell has won his point, and we will assist in his plan for AA.'"*

JOHN FOOTE

I was invited to attend a cabinet meeting, as deputy commissioner of the Liquor Control Board, and Kelley brought up his idea of forming some sort of foundation, including the establishment of a treatment centre. The inclination of the cabinet was to defer it at that meeting until there had been some study made of it. I could see their point. Nothing very comprehensive was put before them. In fact, a good many of them didn't know what he was talking about. Mr. Frost suggested then that we leave it until we had something more definite to bring before them. But, I remember Mr. Kelley, who was fairly ill at the time, saying "No I don't want to leave it any longer. You may have time but I haven't. I want to get it started and get something done about it." The meeting broke up with very little accomplished except that I was

* Premiers of Ontario were frequently referred to as "prime minister."

to look into it. The only thing I knew about was the program at Yale University, which you will agree wasn't very far advanced at that time. I read E.M. Jellinek's book [*Alcohol Addiction and Chronic Alcoholism*, Yale University Press, 1941], got a little information, and then had a couple of sessions with George Little of the United Church. George was very concerned about the whole problem of alcoholism.

Both being ministers of the Church, we had a common interest. We knew the problem, and we knew how hopeless it was at that time to get anything done in the way of referrals of problems. You simply had to deal with them yourself the best way you could. In the church and in the army chaplaincies, we had so much trouble that was closely connected with excessive drinking. At that time there was very little but the private sanatoria, which were extremely expensive. They used to give out cures. One of them was called the "gold" cure. I don't know why, apart from the fact that maybe it took a lot of money to take the damn thing.

As far as the general hospitals went, we were sunk. They detested this branch of the business. This disgraceful conduct wasn't considered a disease at all—just cantankerous no-good people. General practitioners were often considered not too sympathetic to the problem either. On the other hand, they were in the same position as the clergy—busy, overworked, and even if they gave the time to these people, they weren't always cooperative, they weren't ready for treatment, and doctors just couldn't handle it with their practice. I think general practitioners were probably more aware of the problem than anybody else was; they realized that something had to be done. But it was outside their scope; they just couldn't deal with it at all, other than on an emergency basis.

So I said to George, "I want to make definite proposals. Can you get me a young man who would be interested in this?" He mentioned you [Archibald] and we arranged a meeting.

I well remember that phone call and meeting. The message said a Major Fute (incorrectly spelled by the telephone operator) would like me to come down and see him. I mistook the major for a representative of the Salvation Army and, exhibiting more ego than I should have, suggested that Major Foote could come to my office any time he wished. A telephone call later in the day with Major Foote on the line cleared up the situation quickly when he said he

would be glad to send a car and driver to take me to his office. Obviously this was not the Salvation Army!

At the time, I was on staff at the University of Toronto's school of social work, with a cross-appointment to the Canadian National Committee for Mental Hygiene (later known as the Canadian Mental Health Association, or CMHA), of which Dr. Jack Seeley was the executive officer. He would later become the Foundation's first research director.

My lectures at the university were on social and health problems, some of them on the problems of alcoholics. Lectures in those days ran for two hours. Frequently one of those hours would be given over to a presentation from a member of AA who would inevitably begin with the words "I am an alcoholic." This had a profound impact on the young students. I remember one of them saying, "A real live alcoholic, and he has the courage to stand up in front of the class and tell us all about his experiences!" Some of the experiences were rugged—and perhaps a little over-dramatized.

My own interest in the field went back to my Air Force experiences during the war, when I had been associated with fellows who were drinking—some of them in a very different way from the average person in the squadron. I remember a member of one flight crew—a tail gunner drinking very differently from everybody else, and you can't have a tail gunner getting drunk. I was curious about that phenomenon, but it was after the war that my interest in the problem became more focused.

As a post-graduate student in social work, I researched a paper on the work of AA in Toronto. Members of AA invited me to their meetings and took me along on the "12-Step" work.

My interest was further deepened by a scholarship to the School for Alcohol Studies at Yale University—the first academic and systematic experience that I had in the field of alcoholism. Jack Seeley paid me the compliment of remembering it this way:

JACK SEELEY

I admired particularly your contributions, and those of Margaret Davis, whose orientation was psychoanalytic but who also had a social work outlook. One day in 1946 when Clare Hincks, Jack Griffin, Bill Line, and I were meeting, when I was the executive officer of CMHA, we had a letter from, I think, Mark Keller of the Yale University School of Alcohol Studies, asking if we would

like to nominate one or more people for a scholarship to attend the Yale Center summer school. We let our minds roam all over Canada, and then spontaneously and together we suddenly came back home and said, "Who better could we send than David Archibald?" We knew very little about alcoholism ourselves, but we didn't think we could send anyone better to find out what it was all about, and we were confident that if there was anything in what you learned, it would not just be turned into a paper, or theories, or a report, but into something that would make life in Canada, and perhaps the world, better.

When John Foote and I met at his office he asked me to join the Liquor Control Board as research director, with the objective, not to carry out research (which we actually did do), but to plan the development of what later became the Alcoholism Research Foundation. Professor Albert Rose of the U. of T. school of social work was one of my consultants. The year was 1949.

JOHN FOOTE

You were very generous in your approach. We had no Foundation, we had no office, no salary, no structure of any kind, but you said, "Yes, I'll take it," without any questions. I asked what salary you would be thinking of because I was going to propose a budget. You said, "I'll take $5,000." I went to see Mr. Frost personally, instead of having a meeting of cabinet. I told him, "I've got the man who will take it over and we can get started." He asked, "What's the salary?" Those were the days when we didn't spend any money we didn't have, and we didn't have any deficit. No matter how good a thing was, if you spoke to Frost he would say, "Now listen, there may be something in this but there's no use talking about it now because we haven't got the money, and if we haven't got it we don't spend it." He agreed to starting up and engaging you.

The newspapers of the day greeted the appointment with reserved judgment. The Globe and Mail *on September 2, 1949, stated that:*

> "The Ontario Liquor Control Board officially started its research scheme into the whole liquor problem in Ontario yesterday. The new director of research took over his office.

> "A quiet dark man, pipe in hand and wearing a brown tweed jacket [which I had bought the day before for $7] , walked into the Liquor Control Board offices unnoticed by the switchboard or the personnel department. He took over the board's biggest investigation. It is his job to find the facts, all the facts, relating to liquor in the province."

The Ottawa Journal *dealt similarly with the appointment:*

> "Mr. David Archibald, a 30-year-old Nova Scotian, has been commissioned by Premier Frost of Ontario to make a one-man study of the whole liquor question as it concerns this province— Mr. Archibald is, in effect, a one-man commission, but he will reach his conclusions (in months or perhaps years), not by public hearings, but by private research. If Archibald is taking up this task, as the *Ottawa Journal* assumes he is, completely disinterested and free from any preconceived ideas, such an investigation could have important results because it will bring to bear on a highly controversial question a free mind trained in research and backed by a government pledged to improvement of the system. His course will be watched with interest by most Ontario people."

Describing the conditions of my appointment to the press, I stated that:

> "We are concerned only with arriving at the truth. If the research is to serve any purpose whatever it must be free from pressure, whether that pressure comes from the liquor interests or from the ranks of temperance workers or from the Ontario government or the Liquor Control Board. A report influenced by parties interested in the problem would be a waste of the taxpayers' money."

Reserved as the newspapers were, there was no such reticence on the part of community groups clamoring for the government "to do something about this problem."

These groups included the Temperance Federation of Ontario, the Ontario Council of Women, the Ministerial Association, the Women's Christian Temperance Union (WCTU), the Brewers Association, and Alcoholics Anonymous. They were not unanimous in their thinking about what should be done. The interests of the Brewers Association, for example, were remarkably different from those of the WCTU. Nevertheless, there was acceptance that the status quo of the time was unacceptable.

The Ontario Council of Women, greatly influenced by reports on research at Yale University, submitted their wishes in a brief to the government requesting a study of alcohol and alcoholism. Their final recommendation was for "proper and adequate facilities for the clinical and hospital treatment and rehabilitation of alcoholics [which should be] an integral part of any education program."

The Toronto Daily Star *(December 5, 1949) reported on a meeting John Foote had with the Council of Women.*

> "The hero of Dieppe pulled no punches and did not attempt to appease his predominantly 'dry' audience. 'I am no prohibitionist and I do not believe in prohibition,' he declared. He told one woman, who asked him how he could reconcile being a Minister of God with his association with the liquor trade, that 'he had given up a position with security to take on a thankless task because he felt he was doing a necessary job for mankind.' In the same speech, Major Foote said that the demand of the Council of Women for a special body to study the overall liquor situation had been answered by the formation of a research department headed by David Archibald, a thirty-year-old former U. of T. psychiatrist [*sic*]...."

The Brewers Association of Ontario had been sufficiently interested by the Yale approach to provide scholarship money for Canadians to attend the School for Alcohol Studies. In defence of the brewers, Major Foote noted that "there are men in breweries who are Christian men, men of high ideals. We want men of character, but there is no use asking for men of the character of the pub-keepers in England if we are going to treat them like pariahs in the community."

Throughout this time, Alcoholics Anonymous was lobbying for a hospital for their potential members. I was one of the non-alcoholic people invited to attend a meeting to set up a hospital committee.

The committee's objective was to establish an institution where intoxicated patients could be quickly and easily admitted for a drying-out period, as a forerunner to the application of AA "12-Step" work aimed at encouraging patients to become AA members. There was a dilemma, however; the policy and tradition of AA dictated that they could not receive aid from outside sources. Minister of health Kelley conferred with Major Foote and myself. We recommended that a new and separate organization be estab-

lished, modelled along the line of the Cancer Treatment and Research Foundation.

On March 25, 1949, a Bill entitled "An Act to provide for the Alcoholic Research Foundation" was given first reading. For the second reading, the Bill was amended to read "Alcoholism Research Foundation." This original Bill had the single objective of enabling the newly created Foundation to establish a hospital. A sum of $100,000 was allocated, and a 50-acre estate with a rather large mansion on it was purchased in Erindale, 25 miles west of Toronto. Named Brookside, its first budget consisted of $4,000 for a half-time psychiatrist, $3,000 for a half-time physician, and $1,400 for a half-time social worker.

Although Alcoholics Anonymous had been instrumental in lobbying for a hospital, control was taken from them when the ministry of health insisted there be professional involvement—specifically through the department of medicine of the University of Toronto. The ministry wanted the hospital under the direction of an independent board, with professional staff provided by the university.

In January 1950, Dr. Hugh Kerr, a physician who worked closely with Alcoholics Anonymous, arranged a meeting with four U. of T. professors: Aldwyn Stokes, department of psychiatry, Ken Ferguson, department of pharmacology, Ray Farquharson, department of medicine, and R.B. Kerr, department of therapeutics.

In this meeting it was agreed that the university's professional interest would focus on three important aspects: excellence of service in the treatment and rehabilitation of the alcoholic; research in the problems of alcoholism; and teaching at both undergraduate and graduate levels. The minutes noted that:

> "All members of the advisory group feel strongly that no patient should be admitted for treatment until a medical advisory board is appointed and, acting on the advice of that board, a general policy with reference to the selection of cases and general principles and plan of treatment is established. In addition, it is fundamental that suitable medical personnel be appointed and such personnel selected only on the recommendation of the Medical Advisory Board."

The committee recommended that the nucleus of the medical advisory board consist of the professors of psychiatry, pharmacology, therapeutics, and medicine, plus at least one general practitio-

ner. In addition, one member of the medical staff of each of the three main teaching hospitals should be included.

Unfortunately, the report contained a statement that subsequently damaged relationships with Alcoholics Anonymous: "An important part will be played by volunteer workers, particularly but not exclusively by Alcoholics Anonymous. The activities of the voluntary workers will be subject to general organizational policy as directed by the doctor responsible." Given that Alcoholics Anonymous had had a profound influence leading to the development of ARF, and that their major objective was to establish a "hospital" where a prospective member of AA could be secured while they undertook their "12-Step" work, they were disappointed, to say the least, when they realized the treatment plan, including their activities, would be under the direction of a doctor.

AA members were suspicious of the medical profession. With some justification, they felt that physicians were primarily interested in prescribing drugs, and did not understand or appreciate the problem of alcoholism as AA saw it. The prescribing of the drug Antabuse was particularly controversial. AA members felt the use of a drug to assist a patient to refrain from drinking was completely contrary to AA philosophy. The medical profession, however, maintained that physicians must have complete freedom in the administration of medication or other professional activities. As AA began to see that Antabuse was being used only as a "crutch for selected patients" and not as a primary treatment mechanism, the relationship improved.

During the reorganization of Brookside Hospital, John Foote and I arranged with professors E.M. Jellinek and Seldon Bacon of Yale University to hold a two-to-three-day conference at New Haven, Connecticut, for a group of selected individuals from Ontario. Some 15 people were invited, including Albert Johnson, general secretary of the Ontario Temperance Federation (who insisted on paying his own way), Albert Virgin, director of reform institutions of Ontario, and a number of church and community representatives. A senior assistant to Leslie Frost also attended. This was key; it meant the subsequent report and recommendations prepared by the LCBO research department (i.e., me) not only had the support of the individuals attending the conference but would also be presented directly to the premier.

Two major developments emerged from this conference. One was the establishment of a clinic to treat alcoholics within the

*reform institutions' setting. It was located at Mimico Reformatory and called the "Alec G. Brown Memorial Clinic."**

The second was a plan to reorganize and launch a new Alcoholism Research Foundation with amended legislation. (The briefs which detailed the basic organization of the Foundation are quoted in Appendix A.)

The plan was forwarded to the Honourable Mackinnon Phillips, the new minister of health after Russell Kelley's death, with a covering letter from me dated December 15, 1950.

LETTER FROM H.D. ARCHIBALD TO MACKINNON PHILLIPS

"Further to our conversation of last week, I am submitting to you an outline of the proposed general organization and functions of the new Alcoholism Research Foundation. This outline follows, to some extent, the organizational patterns of governmental agencies in the United States, as well as organizations in Canada that have been dealing with other diseases, such as cancer.

"You will note that the proposed organization is an overall coordinating body which will draw together the three major operations of research, rehabilitation, and education.

"The research and education budget shown to you last week has been submitted to Premier Frost and there is indication that it will be approved. The budget of the Alcoholism Research Foundation would therefore consist of monies already set aside for the operation of treatment services as well as more monies established for research and education activities.

"Money set aside for treatment in the Toronto area would be turned over to the university for the operation of the proposed hospital and clinics.

"You will note particularly that, under the act, the advisory board can be composed of representatives from a number of professions and groups. The nucleus of the board has already been formed in the persons of Dr. Farquharson, Dr. Ferguson, and Dr. Stokes. It is suggested that the board be expanded so as to be representative not only of a variety of professionals but also of major Ontario communities. A board such as this, if carefully selected, would ensure prestige, stability, and a comprehensive

* Named in memory of the late Alec G. Brown, an employee of the department of reform institutions.

approach to the problem of alcoholism as it exists in all of our Ontario communities.

"I hope that this proposal will meet with your approval.

[Signed] "H. David Archibald, Executive Director"

This plan had been discussed with both Premier Frost and Mackinnon Phillips prior to its presentation in writing. The premier had agreed and instructed his minister of health to proceed accordingly.

Thus, the Alcoholism Research Foundation legislation was amended and the organization built on that authority.

Three weeks later Dr. Mackinnon Phillips initiated the action in a letter to J.J. Page, acting chairman of the Foundation.

LETTER FROM MACKINNON PHILLIPS TO J.J. PAGE

"The government is now practically ready to proceed with the proposed program on alcoholism. The complete plan will be conducted under the authority of the Alcoholism Research Foundation, with supervision from this department. So that the Foundation will be more representative of the groups associated with this undertaking, it is our intention to change the membership at an early date.

"The difficulties you have experienced as acting chairman have been apparent and your untiring efforts on behalf of this cause have been very much appreciated. So that we may have the benefit of your wisdom and experience, we would be glad if you would consent to continue as a member of the new Foundation. Dr. Hugh Kerr and Mr. Isaac P. McNabb will also be asked to remain.

"As the persons to replace other members will be nominated at an early date, the activities and any business of the Foundation should be wound up immediately. If you have any problems in this connection, I would be glad to discuss them with you.

"May I express to you and to the members of the Alcoholism Research Foundation my grateful thanks for the time and effort you have all given to this special work and my hope that everyone concerned will be well pleased with our progress under the new plan.

[Signed] "Dr. Mackinnon Phillips, Minister of Health"

The first meeting of the board of the new organization was held in the minister of health's office, in February 1951. I was officially made executive director of the Foundation and a medical advisory board was appointed with Dr. Joseph MacFarlane, dean of medicine at U. of T., as chairman. Arrangements were made to consolidate the diverse activities already under way—the Liquor Control Board program, Brookside Hospital in Erindale, and an information centre on Bloor Street under the direction of an AA member.*

A head office was established in Toronto at 28 Avenue Road (former home of Sir Mortimer Clark, a lieutenant governor of Ontario, and located on property now occupied by the North Wing of the Park Plaza Hotel). The reorganized Alcoholism Research Foundation was under way.

I particularly remember a conversation with Leslie Frost. "I don't want to see that thing grow beyond $50,000. That's it," he told me. His wish was not to be. The 1988 annual budget was over $30 million.

* Other board members were: Dr. Ray Farquharson, professor of medicine, Dr. Aldwyn Stokes, professor of psychiatry, Dr. Ken Ferguson, professor of pharmacology, and Dr. Reg Haist, department of physiology, all from U. of T.; Dr. Harold Ettinger, dean of medicine, Queen's University; and Dr. Hurst Brown, professor of medicine, Toronto Western Hospital.

DISCOVERING THROUGHWAYS AND DISCARDING BLIND ALLEYS
Developing Research

"We should like to feel, in a broad sense of the term, virtually all of the Foundation's activities may be defined as research. That is to say, efforts have been made from the outset to foster a critical attitude in all professional staff, and to encourage them to evaluate their endeavors objectively and formulate the experience gained systematically so that it may be taught to others."*

JOHN FOOTE

I must confess that, at the time, I was more interested in treatment than I was in research aspects of the Foundation. I remember Frost saying to me, "Don't get into a big research program. You can take the results we get from Yale and you can divide them by 10," as we generally did where we hadn't sufficient programs of our own. But, I sensed at the beginning that we were going to get into something. You [Archibald] kept insisting that the development of knowledge through research was fundamental. Certainly, we were facing a big social problem. The solution wasn't running a few small hospitals. I remember, though, playing the research aspect down because the demand was for curing these people and sending them home, using Alcoholics Anonymous as a basic treatment method.

In the very early years of the Foundation, the political climate slanted very heavily in the direction of treatment. This was due, in

* Review of the research program of the ARF, prepared by Robert Popham for the health research committee, Ontario Council of Health, 1970.

substantial measure, to the influence of Alcoholics Anonymous, whose fundamental interest was in treatment services—particularly services that would emphasize the AA approach to patients. Since the AA approach was the most successful method that had been tried to date, it was understandable that research would not be seen as a number one priority.

Nevertheless, research was built into the title of the organization and into its objectives, largely on the advice of various professionals associated with the early development.

One of the people whose ideas had a profound influence on the early development of the Foundation and its program was Dr. Elvin Morton Jellinek, "Bunky" to his friends. Perhaps more than any other outside person, his ideas and concepts influenced our early thinking. I first met Jellinek in 1946 while on a fellowship to the Yale University School of Alcohol Studies. He and Dr. Howard Haggard had founded the school, as well as the first major scientific journal in the field—The Quarterly Journal of Studies on Alcohol. *I was profoundly impressed by his breadth of knowledge, his wisdom, and his humanity. Thus, in 1949, when plans were being formulated for the development of the Alcoholism Research Foundation in Ontario, it was natural that I should turn to him first for advice and guidance. I spent two weeks with him talking about the field generally and what kind of program could best be undertaken. We worked together setting out the general structure of the proposed Foundation, its major responsibilities, its major lines of investigation and study, and the kind of people required to develop and work in the organization. All during the Foundation's early growth and development, we were in regular contact with Jellinek, both by visit and by letter. In 1958, when he retired from the World Health Organization, he came on our invitation to join the Foundation as a research consultant. He remained in Canada for more than three years, serving on both the faculty of the University of Toronto, in the department of psychiatry, and the faculty of the University of Alberta,* as well as on the staff of the Foundation.*

The impact on the Foundation of Jellinek as a scientist is inextricably linked with the impact of the person. His enthusiasm for constructive thought was matched by the warmth he felt for people and the warmth he inspired in them. Jellinek had a singular talent for evoking tolerance among clashing viewpoints. He was beloved

* This appointment was arranged by George Strachan, executive director of the Alcoholism Foundation of Alberta.

*by people with sharply conflicting ideas about drinking, and he was always ready to help those whose lives had been damaged by alcohol. One of his oft-quoted sayings was, "Alcoholism may be the source of much human misery—but fundamentally, human misery is a source of alcoholism." Shortly after he died in 1963, the Foundation together with the Smithers Foundation, the Alcoholism Foundation of Alberta, and a number of his colleagues set up the Jellinek Memorial Fund to honor his memory and his tremendous contribution to the field.**

It provides a cash award and a medallion cast by the Canadian mint to someone who has made a major contribution to advancement of knowledge in the alcohol field (Appendix B).

Jellinek, as a result of his studies, proposed a number of very interesting and important hypotheses, and in the early history of the Foundation a fair amount of our research reflected ideas that came to us from him. In addition, he made a strong point that our programs should not concentrate on any single professional discipline but that the ultimate "solution of the alcohol problem" could be achieved only through an integration of professionals from many disciplines—sociology, psychiatry, internal medicine, psychology, economics, law, and statistics, for example. Cooperation of all these professionals, and more, on alcohol research and on practical application in education and therapy would be necessary.

E.M. JELLINEK

"We are attacking a complex problem, and it is not possible to carry out research on a complex problem as a whole, but only on its component parts.

"The statement that the problem of alcoholism cannot be solved by legal statutes alone but requires broad social measures, economic readjustments, education of the individual and of society, as well as rehabilitation of the inebriates, does not mean that it is sufficient to carry out all of these various activities simultaneously, but rather that these measures must be brought into a definite relation to one another."**

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* Initially, two funds were established—one in Canada, the second in the United States. Later, they were merged into one fund located in Canada and administered by an independent board of trustees.

** Personal communication.

As a result of this advice, the Foundation, from the outset, developed a broad perspective of the problem and concluded that studies had to be undertaken in a number of areas: effects of alcohol on the individual; personality and alcoholism; social factors of inebriety; effect of inebriety on society; controls of inebriety and of sale and distribution of alcoholic beverages (economic and social); as well as examination and testing of a range of treatment modalities for alcoholic patients.

In the beginning, our research program was developed entirely by grants-in-aid.

ANNUAL REPORT, 1951

"In preference to setting up its own research staff and providing the necessary facilities, the policy which has been adopted by the Foundation is that of making grants to the universities, colleges, and hospitals for the conduct of research projects by selected students under the direction of staff members of the university, college, or hospital."

The first research grant commitment of the Foundation was inherited. The government had agreed to a $25,000 grant to the department of physiology at Queen's University, then under the direction of Dr. Harold Ettinger, who later became a member of the Foundation's medical advisory board and, later still, when he retired as dean of medicine, was on full-time staff as a senior medical consultant.

By 1953 the policy of complete reliance on research grants began to change.

ANNUAL REPORT, 1953

"In addition to research grants, some research associates have been added to the staff of the Foundation and financed under the research section of the budget. The latter policy will permit the development of a well-established continuing research program which is of fundamental importance to the progress and development of the Foundation and its work."

In the 1956 annual report some of the philosophy and reasons for giving research an increasingly high priority were spelled out for the members of the provincial legislature (MLAs).

ANNUAL REPORT, 1956

"Research continues to be one of the major undertakings of the Foundation. The policy of stressing research has been dictated by many considerations, such as: a) the lack of basic, authoritative, and definitive information concerning alcoholism; b) the need for practical techniques to enable physicians, social workers, and other members of the healing professions to deal with alcoholics who come to them for help; c) the need for an understanding of the basic causes of alcoholism in order to discover basic corrective devices; d) the need for a greater understanding of the reasons for social drinking, to the end that deviations from the norm may be more clearly defined and understood.... Accordingly, research has been pursued with considerable vigor, both within the immediate orbit of the Foundation's facilities and in the physical and social laboratories of the universities and hospitals of the province.

"It is important to recognize that research in any field is a slow-moving, usually undramatic part of the total program. The results of research are not something that can be measured immediately in terms of money expended in relation to value received, as one does in purchasing a roast of beef at the grocery store. Research is a continuum, a search for answers to specific problems or specific parts of a larger problem. It therefore often moves along paths that turn out to be blind alleys. But even when this happens, value is still received, because that path can henceforth be marked to prevent other researchers from proceeding along the same course. In developing a map, all roads much be checked. Gradually by this process, the throughways are discovered, described, and mapped and the blind alleys discarded."

In the same annual report the direct relationship between research and a practical application of programs was explained.

"As indicated in the detailed report of the research department, many of our research projects represent applied research in the sense that they have been undertaken to solve problems of immediate practical importance. For example, continuous testing of the effectiveness or lack of effectiveness of various new and old drug compounds that are promoted as 'valuables' for alcoholism is a matter of fundamental and practical importance. The development of a realistic educational program requires a knowledge

of the magnitude and distribution of alcohol problems in our population, plus an accurate picture of the attitudes that various groups of the population hold toward alcoholism, intoxication, and social drinking. If we expect to change the attitudes of our citizens, it is important to know what those attitudes are and in what direction we wish to change them. The extent to which alcoholism (as opposed to 'normal' drinking) is a problem in the drinking and driving field is important, since it may be safely assumed that those who have developed the illness 'alcoholism' will not be deterred from driving a motor vehicle by education—or by legal sanction—alone. The extent to which the problems overlap—and there is good evidence that they do overlap considerably—will determine the degree to which treatment programs should complement legal control methods in our attempts to control the drinking driver.

"On the other hand, several basic research projects have also been undertaken. It is the view of the Foundation that control and prevention of alcoholism is, in the final analysis, dependent upon the gradual development of a complete body of knowledge about the illness, plus transmission of this knowledge to the general public so that they may make choices based on better information. This approach is common in the field of public health and has been applied to many illnesses other than alcoholism—poliomyelitis, cancer, tuberculosis, and mental illness to mention a few."

By 1961, of the 123 research projects undertaken during the previous decade, only 37 percent were extramural.

This shift from extramural to intramural was, to some extent, at variance with the advice of the medical advisory board, which, at that time, was composed of university professors whose basic approach to research administration within their own departments was to seek grants-in-aid for specific projects. It was natural, therefore, that they would give priority in their thinking to extramural grants-in-aid as opposed to intramural research. Nevertheless, in a later review of the Foundation's research operation, it was clearly demonstrated that, in terms of productivity, by far the greatest return in the development of knowledge occurred through intramural research rather than grants-in-aid. Bob Popham, a top-ranking scientist with the Foundation who later became its director of research, describes the pros and cons of grants-in-aid.

BOB POPHAM

We were getting people who needed some extra money and would throw alcohol in the fish tank to get it from us. They were not really interested in the alcohol field as such, and there was little possibility of continuity there. On the other hand, we saw grants-in-aid as a way of generating a few scientists who might eventually, in fact, seek a career with us, and I think we wrote off the grants in that way. Of course, there was also occasionally something that turned out to be very good. Our grants to the department of pharmacology at U. of T. to develop the drug Temposil, for instance, were very sound, but then they were really being made to people such as Ken Ferguson, who already had a close association with the Foundation, since he was a chairman of our medical advisory board.

KEN FERGUSON

Temposil, which is citrated calcium carbimide, was a fairly significant invention. We negotiated the patent with the American Cyanamid Company. They ran into a roadblock with the Food and Drug Administration in the United States, however, and decided they weren't going to put money into fighting that, so consequently it never really got on the American market. But it was used extensively in Europe, and I remember in Switzerland, particularly, they were starting to use it on an outpatient basis. They had a lot of faith in it because it was less dangerous than Antabuse,* which took a long time to get out of the body. There were at least one or two fatalities due to people too soon starting to drink after stopping Antabuse. Royalties from Temposil went to the Foundation, with the stipulation that a certain percentage be turned over to the department of pharmacology at U. of T. Some of the royalties that came to the Foundation were allocated to the Jellinek Memorial Fund, which makes awards to scientists for outstanding achievement in advancing knowledge in the alcohol field. That is an appropriate use for the royalties, I would say.

* Antabuse (disulfiram) produces a sensitivity to alcohol which results in a highly unpleasant reaction when the patient ingests even small amounts of alcohol.

There is an interesting aside to the invention of Temposil by U. of T. through an ARF grant. We had some Russian scientists visiting the Foundation around that time, one of whom headed the U.S.S.R. delegation to both the World Health Organization and the United Nations Commission on Narcotic Drugs. I gave him a sample of Temposil, the drug we had so proudly just invented. About five years later, I was in Russia and visited one of their hospitals. During my tour, some doctors brought out this marvellous drug they said they had developed for the treatment of alcoholism. I brought a sample back to the Foundation and had it analysed. It was Temposil.

The Foundation's world reputation as a centre of excellence is primarily due to the high quality of staff people it was able to attract. Because alcoholism research was out of the academic mainstream, special problems surrounded the efforts to attract such staff. Two fundamental policies were adopted to overcome the difficulties:

The first was a decision to acquire staff through university departments by arranging for cross-appointments. Later, formal agreements were made with the university so the Clinical Institute of the Foundation was designated a teaching hospital affiliated with the university.

The second policy was to provide the opportunity for career scientists. I called it the process of "search and seizure" and "the care and feeding of scientists."

This policy enabled the Foundation to offer full-time positions to scientists, providing them with the opportunity for a scientific career without their having to spend large amounts of time seeking grants to pursue their work. We had a sort of slogan that I suppose would cause some of the contemporary administrators to shake their heads. In effect, we would "buy the time of a good scientist and give it back to him." Career opportunities for scientists were something the universities generally could not provide since their major priority was teaching. This policy, therefore, enabled us to compete with the universities for the kind of quality staff the Foundation and the field needed.

Together, these two policies ultimately resulted in a fundamental core of exceptionally well qualified staff who made the Foundation into a world-famous institution. Along the way, they contributed to a climate that attracted other scientists, who identified the Foundation as "a good place to work." Each scientist in his or her

own right became internationally recognized as a major contributor to the advancement of knowledge. Robert Popham, Wolf Schmidt, Harold and Oriana Kalant, Reg Smart, Bob Gibbins, Ruth Cooperstock, Helen Annis, Howard Cappell, and Joan Marshman are but a few of the outstanding people who made their careers with the Foundation. Dr. Marshman became president of ARF in 1981.

Acquisition and development of staff created a few interesting situations. Wolf Schmidt, for example, was completing graduate work at the U. of T. school of social work on a training fellowship from Ontario's department of public welfare when he came to the Foundation's attention. Students attending university under such grants were expected eventually to fulfil an employment commitment with the provincial department of welfare, the municipal welfare department, or a Children's Aid Society. Schmidt, however, had shown exceptional potential as a scientist and the Foundation negotiated successfully with the department of public welfare to pay off his $1,450 training grant, and thereby "buy" Wolf Schmidt for the Foundation.

WOLF SCHMIDT

Actually it was remarkable that so many of the early people made it a life-time career, and quite successfully. It is very crucial, to my way of thinking, that you [Archibald] had Bob Popham early on because he made the whole thing immediately more attractive—merely by talking to him. He was a person of considerable ability. One likes to be part of a group where you have such stimulation—very stimulating, very thorough. Anyway, that was probably a vital appointment that you made, because that first person attracted others.

Particularly at this time, universities were beginning to expand, which meant there were opportunities for young graduates to enter an academic career. And, of course, there were many other opportunities outside the universities, as well. This was a time when salaries were low but the opportunities rich. It's the opposite now. People are very well paid, but the opportunities are very limited. Under the circumstances of the 50s, when there was so much competition, the initial appointments were crucial to the organization. Jack Seeley was also a man who attracted others. So I think that one of the keys to the success of the research division—maybe even the most important—was your success in

hiring. For that you needed a policy. I don't know how this policy came about, but the right people at the right time enabled the division to amount to something. Such places had been started elsewhere, but many didn't go anywhere or haven't amounted to much.

Harold Kalant was with the Defence Research Board when Ken Ferguson of the U. of T. department of pharmacology and a member of the Foundation's professional advisory board, and Dr. Ed Sellers, Sr. (the head of the department and father of ARF's Dr. Ed Sellers), became interested in having Kalant join them. At the same time, the Foundation was interested in acquiring a highly qualified person to head up its biological research program. We were able to make an arrangement with the university whereby Harold would have a full-time appointment at the university but with the Foundation contributing financially, in return for a substantial amount of his time.

HAROLD KALANT

I don't think anybody has looked at the contract in years. It's a working understanding. I think the faculty has been happy with the arrangement because they get the benefit of several full-time equivalents in teaching and research programs in the department of pharmacology. At the same time, the Foundation gets the benefit of their participation, and never had to get into the capital cost of setting up biochemistry and pharmacology research labs; I'm not referring to the drug analysis lab, of course, or to the clinical biochemistry lab of the Clinical Institute, which are obviously needed on the premises. The basic research labs over at the university represent the university's contribution and the Foundation's support of the program is its contribution, and it seems to have worked out satisfactorily for both.

Robert Gibbins was first supported during his undergraduate years by a grant-in-aid from the Foundation to the department of psychology of Queen's University. In his work at Queen's he showed exceptional ability and on his graduation we invited him to join the staff of the Foundation. One of his best pieces of work was the survey of Frontenac County to test the accuracy of the Jellinek

formula; we called it a study of County X. It set the pattern for much of our survey work and became the benchmark against which we measured the prevalence of alcoholism in Ontario and in Canada as a whole. It was an important study because it provided the basic data that enabled me to request and get greater financial support from the government to finance the Foundation's research activities. Many members of the government had feelings of guilt about government sales of increasing amounts of alcohol and the related increase of alcohol problems which, in turn, were identified, reported, and sometimes emphasized to the public of Ontario and Canada by the Foundation.*

Bob Popham had completed his Master of Arts degree in anthropology, and was working in the department of pharmacology as a summer student, investigating the toxicity of Antabuse and working with the late Dr. Ward Smith on the effect of different levels of alcohol on the accident rate and on driver behavior. Ken Ferguson reported that he was a "bright and dedicated fellow" who could help the Foundation's beginning research effort. Popham was invited to join the Foundation on a pre-doctoral scholarship. His early research was a participant observation study of taverns in Toronto.

BOB POPHAM

In the early years, say the first 20, this was still not a terribly respectable field from the standpoint of the academic community. As Jack Seeley once pointed out, it was not in the academic mainstream and not the way to go if a person ultimately had a university career in mind. This is certainly no longer true. It has become a respectable field, and there are probably as many distinguished scientists around the world who work in the alcohol/drug field as in any other equally specialized area. I think the Foundation had a good deal to do with bringing this change about, but only by tolerating a considerable cost.

Our organization was deliberately used in the early years by researchers who had little or no interest in the alcohol field, and who viewed us as a stop-gap because there didn't happen to be a

* A mathematical formula for estimating the prevalence of alcoholism in a population, developed by Jellinek after studying a large number of alcoholics and discovering the proportion that had cirrhosis of the liver.

university position open at the time. So they stayed with us only a year or so. I think we were willing to tolerate that because we were aware of the difficulties of attracting first-rate scientists to make a permanent career in the field. We hoped for the best in each case but we had no way of predicting in advance. We had to compete with the universities, and they had a very considerable competitive edge on us in those days, not because of salary—if anything we paid as well or a little better—but because of the lower academic status of the field. So I think we were willing to tolerate this cost. Almost no other organization in the world that tried to set up an alcohol research program was willing, and it is to the eternal credit of the Foundation that we tried it—and succeeded.

Reg Smart came to the Foundation as a student-employee in 1957. On graduation he too joined the Foundation.

REG SMART

I was part-time as a student finishing my BA and then my MA, then my PhD. I came because I had heard that the University of Toronto was giving a large prize for an undergraduate piece of research. I had heard of the Alcoholism Research Foundation, and I thought that this might be a good place to do that piece of research and perhaps end up with a prize. I went along to talk to Jack Seeley, who was head of research. He liked the idea of the prize and the idea of having a student. He had only been with the Foundation a few months, and we set up an agreement that I would work on this prize and he would get a student. By the time I had the research finished—it was a study of alcohol-related traffic accidents among alcoholics—the prize had been done away with, so I never saw the prize money. However, it was a good study and it's still quoted from time to time so the loss was very small in comparison to the gain.

These people, and a number of others, were products of the Foundation's policy to provide scientists with the opportunity for a full-time career in science, and all of them spent their entire working lives with the Foundation or, in the case of some, in cross-appointments with the Foundation and the university. It is a policy that scientists who came to the Foundation in later years also found appealing.

ERIC SINGLE

I began on October 1, 1976. I had been working in New York City and initially responded to an ad for a scientist position at the Foundation for all the wrong reasons. I wasn't all that seriously interested. I thought it would be a research situation such as you find in the United States, which would be time-limited, where you would be hired as an analyst to deal with a specific data set, with very little freedom and no opportunities for teaching or being associated with academic institutions. American research is structured so that the researcher is very much on a leash. Anyway, I came up here for the job interview feeling sort of guilty that I even accepted the interview because I didn't think I'd be seriously interested in the job. When I found out it was a tenured research position, what you think of as a career position, I became interested. I really wanted to be a full-time researcher and part-time teacher. That was the best balance for me to get satisfaction out of my work. And there just aren't opportunities like that, or they're extremely rare. That was what was very attractive about the Foundation's opportunities in research.

MARTHA SANCHEZ-CRAIG

When I travel I talk to many colleagues, who tell me they feel very envious because I don't have to scramble for grants or for monies to be able to do my research. I don't have to wonder, "Where am I going to get my computing done? Where am I going to get the resources?" I don't have to spend 50 percent of my life panhandling for funds like colleagues in other places tell me they have to do. I think the Foundation is great because people can devote their time to thinking, to science, without the fear that funds are going to run out or that projects are going to be compromised because the funds dry up. This is very important, if not priceless. I feel fortunate to be in a situation like this.

ADRIAN WILKINSON

The reason I think the Foundation is such a good place to be a scientist is because it is multidisciplinary. If I had followed in the academic stream, into which I seemed to be heading at the postdoctoral stage, I would have wound up in a university department

where the ideas I would have been exposed to, to a very large extent, would have been those of the discipline of which I was a member. At the Foundation on the other hand, you are doing research in company with colleagues of different disciplines, some of whom might think your whole approach is misguided and irrelevant or whatever. So, there's tremendous intellectual tension which forces you to look at your work from different vantage points—something you wouldn't normally do in an academic setting. It's that multidisciplinary nature of research in the Foundation that is the fantastic aspect and so challenging. I think to the extent that I have developed as a scientist, I would credit that aspect as a main reason. Of course we also have very good people, and I wouldn't want to downgrade that at all. But there are good people in academic departments also. It's that breadth of view that is forced on you that I think is a tremendous advantage in working for the Foundation.

EUGENE LEBLANC

Not only was it important that scientists could have a career with the Foundation, it was also crucial that issues could be embraced almost as a mandate of the organization, becoming part of the organization culture—getting attacked and reattacked and revisited in a variety of ways, even if the mix of people changed. It would be my judgment that a basic Foundation strength lay in building a strong song around the singers.

Another person who had a profound impact on the research philosophy and activity of the Foundation was Jack Seeley. Jack was a brilliant and eminent sociologist who had completed a major study of the community of Forest Hill in Toronto that was subsequently published under the title Crestwood Heights. *I was first associated with Seeley at the Canadian Mental Health Association, together with a group that included Brock Chisholm, Jack Griffin, and Bill Line.**

* Brock Chisholm later became the first director-general of the World Health Organization, where he gained some notoriety after a speech in which he claimed that it was bad for the mental health of children to be indoctrinated with the fiction of Santa Claus.

John Griffin was medical director of the CMHA.

William Line was professor of psychology at U. of T.

From Toronto, Seeley went to Indiana and conducted a major study of the Community Chest in that area. In 1957, he accepted an invitation to join the Foundation.

BOB POPHAM

Seeley had a very broad social philosophical perspective and was quite brilliant. He was perhaps a more rigorous scientist in some ways than Jellinek. I think that both Jellinek and Seeley were geniuses—perhaps Jellinek had the greater intellect, but Jack was a far more rigorous scientist and much more mathematically oriented. Perhaps Jack's greatest single contribution was the kind which is difficult to define and therefore carries with it, rather sadly, less reward than an ordinary scientific breakthrough. His great contribution was to define the proper role of the researcher. At that time, the Foundation was growing rapidly in areas other than research—in treatment, education, and community development. It had diverse interests and, therefore, many quite different types of people. In addition, we were acquiring a larger group of researchers, with different perspectives and different value systems. Apart from the characteristically penetrating investigations which he personally conducted, Seeley made considerable headway in the difficult task of defining the nature and goals of the research endeavor and of clarifying the relationship between this endeavor and other functions of the Foundation.

A major issue addressed at the time was the extent to which scientists should be influenced by political considerations: the danger of research being "politicized," of researchers having questions imposed upon them by non-researchers. For example, a politician, an administrator, or an educator wants an answer to a question. The question seems important, but it may seem unimportant to the researcher or, more often, may be recognized as important but not phrased in a way that makes research possible. It may require considerable redefinition before research can begin.

Another problem that faced researchers at that time was the lack of appreciation on the part of non-researchers of the sometimes formidable amount of time and energy required to get a sound answer even to a rather small question. I think it says a lot for Jack Seeley that he was able to define a reasonable role for the researcher within this context, and for you [Archibald] who, often under considerable outside pressure, were able to exercise the

necessary amount of patience so that our research could, in fact, persist.

JACK SEELEY

As almost nowhere else I've worked, I had a feeling right from the beginning that I knew exactly where I had a free hand and where I didn't. The distinction was a rational one, not an arbitrary one. I also liked my colleagues in the other branches—the education branch and the clinical operation. But the thing that concerned me about the research arm was that our people were much better than they knew but were overly cautious about publishing something, or speaking publicly, or letting go of the material they were accumulating. Although they were very friendly with each other, there was very little exchange of facts and ideas. So, as I remember, I really set out to do two things. First, to increase the warmth and trust and collegiality among those who were working together. Not that they were in any sense hostile or distrustful, but they simply were not used to a warm and free relationship. Second, to try to make clear that even if one had a relatively unimportant finding, even if it was a fragment of an hypothesis, a glimmer of a possible direction, it was important to get it out and not to worry about whether professors at some university somewhere, who weren't specifically engaged in alcohol research, would think that it was worth a paper. Get the idea circulating, either by means of a formal publication or in the form of a "substudy": that was what was important. Although it sounds trivial, the substudy may have been my greatest invention.*

The basic idea was to capture what might be called "thoughts in the night." I contended that a line of thought, be it no more than a paragraph or a dozen or so pages, was important enough to capture on paper. It didn't matter if all the supporting data were in place. Otherwise, such thoughts float around in one's mind for a while, then are lost, not only to the thinker but to everyone. And there might be someone, somewhere in the world, who was working on the same problem and suddenly had a piece of the jigsaw. I started the substudy system to reflect the respect we should pay to such material. We typed, multigraphed, bound,

* This "substudy" system proved to be very productive and was part of the research supporting procedure for a number of years. It has since been discarded.

and labelled them with the date, the name of the author—coded, so there was freedom in anonymity (I am author "01")—and topical cross-references, so that they could be used almost like a library catalogue. They were stored in the research department in filing cabinets to which any of the scientists or other staff had access.* They were also sent to our colleagues around the world. So for the first time we had a system that ensured that ideas didn't get lost. It worked beautifully. Morale soared. We started having regular, very informal staff meetings to discuss the substudies. And the friendship, cooperation, and productivity just grew and grew.

REG SMART

Jack was also influential in setting up scholarship programs. He was influential in getting us to take an interest in social policy questions; he was very much interested in policy matters. He was interested, too, in identifying who was likely to be a good scientist. I think he was very good at doing that. I am not sure exactly how he was able to do it, but I never knew him to be wrong about an individual's scientific ability.

Not only did Seeley instil a confidence in the younger research staff, he also clearly identified the direct responsibility of the scientist, the kind of atmosphere necessary in which to do the best work—the kind of non-interference required from the administrative or executive arm of the organization.

JACK SEELEY

Yes, the friendship and the feeling were still there when I went back 30 years later. My memory was that you [Archibald] understood very quickly what was needed to be done and why, and you were bold and very firm in defending those actions. Looking back, the only people with whom we did have some difficulty were some members of the medical advisory group, who couldn't quite distinguish between giving advice and giving orders. It was relatively hard to get them to accept just the broadest responsibilities for lines of policy instead of trying active direction.

* They are now in the Foundation library.

THE DESIRE TO HEAL
Developing Clinical Services

From the beginning, the Foundation was authorized to engage in and develop treatment services and, more particularly, in the first Act of legislation, "to establish and operate a hospital for experimentation in methods of treatment." As I have mentioned, in the early years the political climate slanted very heavily towards treatment because, in substantial measure, of the influence of Alcoholics Anonymous, whose fundamental interest was to establish a facility where intoxicated patients could be helped to dry out prior to the "12-Step" work which AA members hoped would reclaim them from alcohol.

The mansion in Erindale, which Alcoholics Anonymous had persuaded the government to buy in 1949, was the first hospital under ARF auspices. It was christened "Brookside" because it stood by the bank of the Credit River. Dr. John Bingham was appointed medical director.

JOHN BINGHAM

In October 1950, I received a telephone call from Ray Farquharson, professor of medicine at the University of Toronto. He asked me if I would open this hospital and work there on a part-time basis. I asked him where the patients would come from, and he said he didn't know. He did say, however, there was some urgency to open the hospital as the newspapers were beginning to question the lack of activity and the minister of health was becoming anxious. I had some questions, some arising from the fact that Brookside was a considerable distance from Toronto.

First, how were we to find nursing and medical staff? Second, where were we to find our patients? Third, how were we to treat acutely intoxicated and sick patients at an institution 25 miles from Toronto without resident medical staff? Fourth, what pro-

gram of treatment would we use for the disease of alcoholism? Fifth, what would be our relationship to Alcoholics Anonymous?

I consulted Miss Sharp, director of nursing at the Toronto Western Hospital. She recommended Jean Goodston, who, at that time, was head nurse in the male surgical ward of the Toronto Western Hospital. Miss Goodston consented to take charge of the nursing staff and hospital and hired a nursing staff from the local community.

As to where we would get patients, I felt that Brookside Hospital could function most usefully in the treatment of alcoholism in something like the role that was originally intended when the government passed the initial legislation. In other words, Brookside Hospital would admit patients on the recommendation of members of AA or physicians who intended to treat these patients after discharge. This proved to be a satisfactory arrangement. Gradually requests from further afield were received, until eventually physicians within a 100- to 200-mile radius of Toronto were referring patients for treatment.

In those days we didn't know very much about the treatment of alcoholism. I might say the treatment of alcoholism can really be divided into two parts. The first part is the treatment of the acutely intoxicated or physically sick patient, and the treatment of the physical complications of alcoholism; the second part is a long-term treatment of the underlying problem which led to the use of alcohol. Medicine knew a lot more about the treatment of the physical aspects than it did about treatment of the psychological. Accordingly, I felt it wise that we turn as much as possible to the one organization that had proven itself successful in the long-term treatment of a very large number of sufferers of alcoholism—Alcoholics Anonymous. We relied a great deal on the help of Alcoholics Anonymous in the old Brookside Hospital. Lectures were held several times a week, and AA members were encouraged to come and visit the patients they individually had sent to hospital. In this way, a continuing treatment program went on. The same person who was interested in the patient before his admission would see the patient in hospital and automatically follow up the patient after discharge from hospital.

In addition to the lectures and conferences by AA, we were joined by a full-time psychiatrist, Dr. Hall, who rendered invaluable service with the more disturbed patients. We tried to set up the atmosphere of a home rather than a hospital. The nurses did

a great deal of treatment themselves. Probably the most important single factor in treatment, however, was the patients' discussions amongst themselves. Because the hospital was isolated, the patients were thrown entirely on their own resources. A great deal of their time was spent on discussions and reading amongst themselves. It was not unusual to see two or three patients go out for a walk in the surrounding countryside for two or three hours and to accomplish a considerable amount of self-treatment at such times.

Another important decision was made toward the end of 1951. This was to admit women patients. You can see the problem of admitting women to an isolated institution such as we had, but it was felt that there was a real need to treat women and that this should be met. Accordingly, from the fall of 1951 we had two women at a time in the hospital, from then until the hospital closed.

Almost simultaneously with the opening of Brookside in 1950, an outpatient clinic was established at 28 Avenue Road with psychiatrist John Armstrong as medical director and Dr. Jack Holmes as assistant. Treatment at the outpatient unit was initially intended as a follow-up to the inpatient treatment provided at Brookside. Margaret Cork joined the team and consequently outpatient services included social work counselling together with psychiatric consultation. Where possible, family members were involved in the treatment program.

The clinic was located in a grand old mansion which had once been the home of Sir Mortimer Clark, a lieutenant governor of Ontario. It also housed the Foundation's first head office and in its attic nested the fledging research group of Popham, Schmidt, and Gibbins. A story passed down over the years alleged that Sir Mortimer's daughters, known as the Clark sisters, inherited the family home but, under the terms of Sir Mortimer's will, were permitted to live in the house only "as long as they did not drive in a motor car." Hence, the Clark sisters used to drive up and down University Avenue in a horse-drawn carriage. Although they apparently became rather well known for their mode of transportation, a copy of Sir Mortimer's will does not reveal the particular stipulation, so it may be more legend than fact.

Shortly after the opening of the Avenue Road clinic, negotiations were completed with Toronto's three teaching hospitals—St. Michael's, Toronto Western, and Toronto General—to admit seriously ill alcoholic patients for a matter of a few days.

JOHN ARMSTRONG

The original philosophy was that the acutely ill patient could call at any time, day or night, obtain admission to a general hospital bed for approximately 48 hours, and become sober. After that, he would be transferred to Brookside in Erindale for a period of about one week, after which he could become an outpatient at 28 Avenue Road. In practice, this scheme was not entirely successful because, although all the services were utilized to a considerable degree, few patients went through the whole sequence of services.

The 25-mile distance between Brookside Hospital and the outpatient service on Avenue Road made the continuum of care for any one patient extremely difficult. Partly because of this, as well as the difficulty in obtaining professional staff for Brookside, we decided to sell the Erindale property and consolidate services in Toronto. Consequently, a 15-bed inpatient and an outpatient service was established at 9 and 11 Bedford Road—under the same roof as the research group and the administrative headquarters—and both the Avenue Road property and Brookside were abandoned. In the first year of this operation, service was provided to more than 500 alcoholics.

JOHN FOOTE

Do you remember when Mackinnon Phillips [minister of health] opened the Bedford treatment centre before everything was quite ready? When Mac asked for a glass of water, they found they hadn't had the water turned on. Poor old Mac's throat used to get so dry, he went into a mock rage. "I didn't expect to get a drink of liquor in a place like this," he said, "but the least you could do is get a drink of water." This was at the beginning of his speech.

DAVID ARCHIBALD

"Even in the earliest days, over 25 percent of patients treated in Toronto facilities were from other communities, so the need to extend services throughout the province received high priority.

"In April 1954, the Foundation's first branch office opened in London to serve as an information centre. Charles Aharan was

appointed branch director. But the demand for treatment facilities became so acute that an outpatient service was quickly established.

"The Ottawa branch was opened in late 1954 with its own locally appointed board of trustees, emphasizing community relations and education.

"In Hamilton, the work of a special citizens' committee interested in alcoholism treatment led to the establishment of a Metropolitan Hamilton branch in 1958.

"In September 1962, the Lakehead region was formed in a suite of offices near McKellar General Hospital in Fort William. A clear picture of the balance between treatment, education, and research was now being revealed.

"Treatment centres and outlets for information and education started to spread to more distant areas of the province.

"By 1966, a mid-western region, with headquarters in Kitchener-Waterloo, and a St. Clair region with headquarters in Windsor were under way.

"A Niagara regional centre was opened in St. Catharines in 1967, a northeastern Ontario region with headquarters in Sudbury was opened in 1965, and the opening of offices in Timmins, North Bay, Sault Ste. Marie, Orillia, and Kenora led to incorporation of all ARF northern services under the Northern Programs Region in 1968 with Bas Scully as director."

(*The First Twenty Years*, an ARF publication)

A major issue about which debate has persisted from the early days of the organization to the present, is the Foundation's role and objectives in the provision of treatment. Is the objective of treatment to be primarily for research purposes? Is it to provide "exemplary treatment service" for the community? Or, should it be a combination of the two? If the latter, what would be the appropriate distribution of resources and effort?

Scientist Alan Ogborne, in a paper summarizing the Foundation's history of treatment services, noted that, "From the start, the senior executives were firm that the Foundation's major emphasis should be on research. Treatment, it was argued, especially for less deteriorated cases, could be best carried out by estab-*

* Alan C. Ogborne, "A Brief History of Treatment and of Treatment Research at the Addiction Research Foundation of Ontario" (unpublished).

lished service providers—e.g., general hospitals—as long as they were appropriately informed and trained. Specialized alcohol units were seen as having a limited role—to deal with cases which could not otherwise be handled. I commented on this issue in the 1960 annual report.

ANNUAL REPORT, 1960

"It is not only the needs of research that must be considered in deciding the optimum size for our clinic, but also the needs of our training program. It is through the effective professional training of more and more people in the management of addiction problems that Ontario will ultimately catch up with and effectively deal with the continuing increase in numbers of people affected by this illness.

[A caveat, however, was added:]

"Clearly one role for the specialized clinics operated by the Foundation is to deal with those cases which present difficulties or complexities beyond the scope of more standardized community health services.

[Nonetheless:]

"The Foundation staff should be used as consultants for other groups, in such a way as to minimize the number of times the Foundation clinics take over the treatment of a patient's illness instead of just advising on it."

The Foundation's emphasis on research and the development and testing of treatment models has been a consistent policy over the years. In addition, the Foundation keenly felt a responsibility to advise the province of Ontario and its citizens about ways in which community treatment services should be organized. In a White Paper presented by the Foundation in 1969, it was reaffirmed that specialized alcoholism facilities had only a limited role in the treatment of alcoholism and that it would be uneconomical and illogical to set up a multitude of such services. Adequate care could be provided if the established health and social services were staffed by individuals who had at least some training in treating alcohol problems and if the established facilities were properly coordinated. The primary thrust was towards detoxication services in general hospitals, but with major emphasis on outpatient clinics.

The objective of the White Paper was to delineate a policy for a

comprehensive treatment system—involving a variety of government-supported programs—which would supply direct services to alcohol and drug dependent people across the province. At this time in Ontario there was a general lack of organized alcohol treatment services in virtually all communities. The White Paper addressed this problem and offered a possible solution. It was the culmination of various attempts by the Foundation to distinguish its special role from those of the ongoing community and health services, including programs operated by or under the authority of various departments of government such as health, social services, and education.

"THE FIRST TWENTY YEARS"

"By the end of the 60s there were, in Ontario, over 125,000 alcoholics and an equal number of people who drink hazardous amounts of alcohol (the equivalent of eight ounces daily).

"Prescription drug studies done by the Foundation had shown that in Metropolitan Toronto an average of one prescription for a mood-modifying drug is issued to each adult each year.

"School drug studies in London, Toronto, Niagara, and other communities indicated substantial increases in the use of illicit drugs by youngsters, in some cases tripling over a two-year period.

"Simultaneously, illicit street traffic in drugs, many contaminated by dangerous elements, was increasing and demanding more constant surveillance.

"More and more people, young and old, were looking upon drug use as a natural part of life.

"With such a picture emerging, it became obvious that the Foundation had further proof that it alone could not provide all necessary services, education, or treatment programs for a province with over seven million people. A greater share of responsibility had to be accepted by public health agencies, hospitals, clinics, and social agencies—all of whom might be guided by the experience Foundation personnel had accumulated over the years.

"It was clear that the Foundation could best serve by concentrating on its research and educational role, using its treatment resources as outstanding models to test new methods and to provide training of professional staff.

"As it now moves into its third decade, the Foundation has

found itself in a new, more critical role in society— that of a community catalyst, a 'scientific conscience,' a participant in an organized network of social services." (ARF publication)

The debate on the proper role of the Foundation's involvement in treatment, which has continued throughout the 40 years of the Foundation's history, centred not only on how involved the Foundation should be in Toronto, its headquarters, where there are many hospitals, including its own Clinical Institute, but also on to what extent the branch and regional offices of the Foundation should provide treatment facilities. Several times the debate reached intensity.

ALAN OGBORNE

At the end of the 60s when it was clearly reaffirmed that research was the Foundation's principal goal, the decision to withdraw from providing treatment services in branch offices led to considerable unhappiness and turnover of branch office staff.

Charles Aharan joined the Foundation in the early 50s and at first "worked up in the attic on Bedford Road with Bob Gibbins, doing Jellinek estimation formulas on an old Marchand calculator for every Ontario county." Later he went on to open the Foundation's first branch office in London, Ontario. "I wanted to be involved in treatment," he said, remembering the first few years in London. He spoke evocatively and rather poignantly of that whole period.

CHARLES AHARAN

When Dr. Ettinger came as senior medical advisor, it seemed like a trend toward internal medicine. What was happening was that the Foundation and its direction were beginning to change. Seeley began the fight for the dominance of research, and a more disciplined approach was becoming stronger within the Foundation. Those of us like Bob Robinson, John Armstrong, John Neilson, and Margaret Cork, felt like the "old guard." Up until then the Foundation's major focus was on psychologically based treatment services, but that began to change. Different kinds of treat-

ment services, like the special hospital known as the Hastings Unit, were really very physiologically based and non-psychiatric.

I think that is where some noses started to get out of joint.

Some difficult decisions had to be made and you probably had to make them. I can remember Marg Cork who was director of social work saying, "Dave's changed. I can't get to Dave." Not in terms of physical access, but there was a new direction emerging, and many of us were confused and uncertain. In the earlier stages, the way you operated was largely kind of collegial, you know. I was really amazed at the extent to which you involved people who I thought were way down on the totem pole. Like myself. I really felt at the bottom of the damn pole, and yet you got me, and others like me, involved in meetings. And we began to believe, "Hey, we've got something to say." Later we began to feel we weren't being heard. I think that's it. But looking back, it seems that there was a shift in direction. There was a feeling of floundering for those of us who were becoming disenchanted.

That shift in direction had begun in 1963 when the chairman of the Foundation's medical advisory board, Dr. Harold Ettinger, appointed a committee to review and appraise the medical services of the Foundation. This review, the Stokes Report, resulted, several years later, in the Institute for the Study of Addiction, commonly known as the Clinical Institute. The members of the committee were Dr. Hurst Brown, professor of medicine at Toronto Western Hospital, Dr. Ian Macdonald, responsible for post-graduate medical training at U. of T., and Dr. Aldwyn Stokes, professor of psychiatry at U. of T.

STOKES REPORT

"In terms of emergency services, the committee is of the opinion that an exemplary clinical organization in the field of alcoholism must start with the recognition of the dire need of an available hospital dealing immediately with the urgent problem of acute intoxication....

"In any consideration of an emergency service, the Foundation's policy becomes important. The committee's impression is that the Foundation has avoided heavy involvement in the acute detoxication process in fear that a service overload will detract from the teaching and research responsibilities....The committee

is of the opinion that alcoholic illness must embrace the whole gamut of disturbance, from the acute phase to the more prolonged ambulant consequence. However, it is imperative that the Foundation's philosophy be made explicit so that neither staff nor community are in doubt as to the limits of responsibility."

The committee's observation was correct. The Foundation had grave reservations about coping with the myriad problems of the skid row, chronically intoxicated alcoholic within the context of a relatively small clinic. There was fear that the system would be completely overloaded in attempting to cope with a group of patients who had a relatively poor prognosis to begin with. Indeed this inadequacy of service was not corrected until the establishment of the specialized detoxication system (which is discussed elsewhere).

STOKES REPORT

"The committee is of the opinion that a better definition of roles and a more effective application of particular skills would be achieved if the Toronto clinical services were formally constituted as a hospital for alcoholism and addictions. The hospital will be related to general hospitals in Metropolitan Toronto and outlying clinics in the area as a receiving and resource hospital suitably organized and adapted to a study of all aspects of alcohol illness, ranging from acute intoxication to personal and social rehabilitation.

"The committee believes that the proposed hospital should have an intrinsic organization, similar to that of most general hospitals, in that a number of different services, each with a chief of service, would be integrated laterally, with vertical communication through a hospital medical advisory committee to the board of management. At the present time, three such services are envisioned:

a) a Medical Service with a physician-in-chief
b) a Psychiatric Service with a psychiatrist-in-chief
c) a Narcotics Service with a service director and supporting staff....

"This kind of reorganization on a general hospital pattern abolishes the post of medical director of the Foundation. The present medical director, who is a psychiatrist very experienced

in the field of alcoholism, would be seen as the psychiatrist-in-chief of the psychiatric service."

The Stokes Report resulted in a substantial reorganization of the Toronto clinical services, with accompanying unhappiness on the part of a number of staff members. A background factor that was not sufficiently realized, certainly by me, was the conflict existing in the University of Toronto medical teaching services over the position of the discipline of psychiatry within the medical school and the medical profession. The dominant view of the non-psychiatrists was that psychiatry should be seen as a specific section of medicine, similar to internal medicine or other specific specialities. The psychiatrist, on the other hand, rightly or wrongly, tended to be somewhat isolated from the mainstream of medicine. It is significant that the review committee membership consisted of two internal medicine physicians and one psychiatrist. This may, in part, explain the major emphasis given to the development of a general hospital type of organization and, in particular, the reduced authority of John Armstrong, the medical director.

Don Meeks, now director of the School for Addiction Studies but then director of social work in the clinical division, recalls the ideological shifts occurring within the clinical services.

DON MEEKS

The medical model was deeply entrenched in the Foundation at that time. I came in with a doctorate in social work so wasn't part of that club, but still held a fairly senior position. The first interesting situation I encountered was finding out that to head a treatment centre or even a treatment team you had to be an MD. Of course that meant a kind of selectivity that wasn't always based on administrative or management merit. So, we had people of fairly uneven quality in some of those administrative positions. I wrote a memo at one point asking to become a member of the medical records committee because the prime users of medical records were, in fact, social workers. They were also the major contributors to medical records. I found to my astonishment that, by policy, you had to be a physician, or the medical records librarian, in order to join that committee. That became my first major campaign as a person who was then considered to be part of the ancillary service. It was a campaign that I won.

What we had at the top of the clinical program were people concerned more about internal medicine, about neurology, about various kinds of medical aspects. But what we had in the clinical division were teams—all headed by a physician—of social workers, psychologists, and some nurses, who were basing their practice on counselling and psychotherapeutic models. So there was always tension existing between the top echelons of the clinical division and the people in the trenches. It was a transitional phase that we were going through as a Foundation, and we probably didn't settle securely into a comprehensive or inter-disciplinary model until some time later, prior to the opening of the Clinical Institute. I think that's where it really got reinforced.

In adherence to the Stokes Report recommendation, a new position of physician-in-chief was created. Dr. Jack Silversides, professor of neurology on staff at Toronto Western Hospital, accepted the post. Dr. Paul Devenyi, currently head of the medical services of the Clinical Institute, remembers him warmly.

PAUL DEVENYI

I have very fond memories of him as one of the finest, gentlest human beings I know. He may not have had great impact on the substance abuse field *per se*, but he was a superb chief, a great neurologist, and he, more than anyone else, had a lot to do with linking the Foundation with the medical school.

When the Clinical Institute opened, he modestly withdrew into the background, and I do not believe he ever received the recognition from ARF—during his life or after his death—that he deserved.

In 1967, a new inpatient medical unit was opened in the old Riverdale Hospital, known as the Hastings Building. Appropriately, the Foundation called this the Hastings Unit. From the outset, it was designed to last only two or three years—to serve as the forerunner of at least the medical component of the much larger clinical research and teaching service which would be located in the Foundation's new headquarters at 33 Russell Street in Toronto. Hastings was a self-contained little hospital unit with 32 beds, its own laboratory, an x-ray unit, a pharmacy, and a cafeteria.

PAUL DEVENYI

Without the sophistication of the present system (the Clinical Institute), we did modest projects. We started to do liver biopsies for the first time. We published papers—George Sereny, Jack Olin, and I published a fair number of them in the liver field. In addition to this, we did some interesting studies in conditioned aversion response to alcohol, using electric shock in an attempt to develop aversion to drink. It was a very negative study, but we did it and reported it. We didn't think it was a useful treatment.

Then, of course, we collected data for over two years on about 1,000 patients who entered the unit—which was used by our staff, and associates of the Foundation later on. Mary Jane Ashley and Jim Rankin, for example, published a number of papers based on the Hastings Unit data.

The Hastings Unit was not very sophisticated but, in spite of this, the Foundation as a whole had a better image than it has now. People in charge of the Foundation at that time could sell ARF as a research, treatment, and training resource. Nowadays, people are less certain what the ARF is all about.

We were always struggling with the problem of knowing we couldn't provide all of the service needs for the community. Still, I thought that, at the time, the Foundation's image was better understood by the people who sent patients to us. Really, our major limiting factors were the small number of beds and the consequent difficulty of making an appointment. Nowadays, people are not sure of our function. Are you guys really in research, are you a teaching hospital, are you offering treatment? When we say, "no we don't," then of course that affects people. If we say, "yes, we do," then of course, we have a problem right away. For example, on our medical ward in the Clinical Institute we have only 20 beds, so we can't go out and make too much noise to attract people. If I oversell the unit, people will be very upset that I ask for patients I can't accommodate.

In the early days of the Hastings Unit, the Foundation was a fun place. We were all highly motivated to succeed. Hastings was an isolated unit at that time, yet even in our isolation we felt more a part of the whole organization. You know in those days we were all scattered. There was the unit on Bloor Street, on Elizabeth Street, the Hastings Unit, something in east Toronto. Nevertheless, we felt we were all together. Today we are in this big build-

ing, and I think we have much less cohesion than we had in those days.

One thing the Hastings Unit showed was that you can give good medical care and attract patients and do some good studies in that kind of a setting without all the fuss that we have here in the large sophisticated complex of the Clinical Institute. There were some arguments in the early days of the Clinical Institute, for example, between Jim Rankin and some of us about the emergency service. Jim [the first director of the Clinical Institute] had the idea of establishing it as a mini general hospital with an emergency ward and an intensive care unit [ICU], but without the support system of a general hospital. The intensive care unit finally ceased to exist because everyone realized you can't run an ICU without having an anesthesia department, or without enough people on call. We thought it was somewhat dangerous to have an open emergency, when the Clinical Institute is not quite capable of handling everything that comes through the door. We thought Hastings was good enough. It showed that you can run an efficient unit without trying to run it as a small general hospital.

The Clinical Institute opened for business on April 2, 1971, under the directorship of Dr. Jim Rankin who came from Australia to accept the post. Tony Maxwell was the first assistant director and the three associate directors were Don Meeks as head of social work, Peter Keene as head of psychology, and Bob Hicks as head of psychiatry.

"THE FIRST TWENTY YEARS"

"The core of the Foundation's clinical activities is the Institute for the Study of Addiction, which shares the Foundation's headquarters building in downtown Toronto.

"Designated as an area for clinical research and patient care, the institute is a 100-bed teaching hospital affiliated with the University of Toronto.

"Its general purpose is the development of an integrated program of treatment research and professional training related to alcohol and other drug problems. Referrals to the institute are made by general hospitals, physicians, psychiatric hospitals, ARF units, and other community services.

"Patient care stresses the multi-disciplinary approach, offer-

ing treatment of the 'whole man' through medical, psychiatric, social, and psychological service. As a key part of the province-wide network of health services, the institute carries a major responsibility for advising government on treatment programs." (ARF publication)

This is what the Clinical Institute would become but it was a rocky, albeit interesting, beginning.

JIM RANKIN

In the early phases, I had the ongoing problem of trying to relate to what you [Archibald] needed or what people collectively needed, in terms of what all the alternatives were. I remember working through that with Bob Popham and a few other people, and we put up various scenarios for development of the Institute in terms of minimum models and maximum models and all that sort of stuff.

DON MEEKS

We went about the task of organizing philosophically and structurally what the hospital was going to be, and we had to come to grips with the issue of research and clinical practice. The agreement, after long debate, was that the Clinical Institute would operate a treatment system with a full array of activities, from emergency through hospital care, sociobehavioral treatment, and outpatient programs, and that within that framework we would conduct research. There would be scientists devoted full time to treatment or clinical research, and every person who came to the Clinical Institute would receive quality care but would also be a potential subject for research. There would also be research programs, either encompassing whole units or conducted as separate entities within the framework of various units. That was easier to say than do. Scientists, to do what they had to do, often wanted to set up pure research conditions, with the kinds of controls that would send clinicians clambering up the wall because they felt that it intruded on quality care. We had resistance in some areas about altering the treatment conditions to meet research requirements. But there were other situations where we were able to move rather smoothly, restructuring the record-keep-

ing, for example, to collect the kind of data that would serve epidemiological and other purposes, and setting up different units to look at things like withdrawal symptoms and computerized research. So the major problems really centred around the research being done on patients who were brought in for treatment. That, during the whole history of the Clinical Institute, has remained an issue, with efforts made by all subsequent directors to try and deal with it.

Quite aside from the struggle to decide treatment versus research questions, we were confronted with a serious financial setback within the first months of the Clinical Institute's operation.

A decision was made by the newly appointed minister of health, Tom Wells, on the advice of the newly appointed deputy minister, Dr. Ken Charron, to include the Clinical Institute under the Public Hospitals Act. *This brought the Institute under the financial jurisdiction of the Ontario Hospital Services Commission.*

JIM RANKIN

They decided that we only needed a budget of about $2.4 million. We had planned on an annualized budget of around $6 million, so there was an enormous gap between what they—and we—thought we should have. They weren't looking at us as a teaching hospital with research and all of the professional components that go into it. They were looking at us as though we were a hospital out in Burks Falls or some other small rural place. They seemed to know little about a research and teaching hospital, or perhaps they didn't care much.

We got into a recruiting dilemma because of this sudden financial shortfall. We had been recruiting staff with the goal of opening on a certain date with a certain mix of people. With our original $6 million budget in mind, we had been opportunistic: if someone turned up who seemed likely to fit, we would make a commitment. Then our bottom line was changed. Suddenly we didn't have the funds to hire the other people necessary to create the proper mixture. It became a question of how to modify the program to meet the budget. And that made for some disappointed and angry people. We lost, for example, our associate director responsible for developing the treatment framework, Bob

Hicks, and also George Voineskos whom Bob had hired from the United Kingdom to head up a therapeutic community. We didn't have the money, and I had to say, "Well, we can't afford to set it up the way you want it."

A lot of the people involved in that trauma linked up with other people upset with the staff changes that had occurred when we closed the Hastings Unit and moved into the Clinical Institute, and with those who had been involved in the drug therapy program—the Narcotic Addiction Unit on Elizabeth Street and the Day Treatment Unit on Harbord Street. In 1971 these people came together with those from other Foundation divisions who were unhappy with how they perceived the Foundation being run to start an ongoing agitation out in the community—Physicians Interested in the Study of Addiction they called themselves. I never told you before, but I called them Physicians Interested in Stabbing Archibald. So from that point on, until the mid-70s when I left to return to Australia, we had the grinding problem of all that negative-charged stuff out there in the community and also some internal unrest. While all that was going on, we were trying to build up the Institute in a multidisciplinary way. And if you look at the period of 1971 to about 1975, many of the scientists and physicians who are currently in the Institute were recruited during that time. Ed Sellers [psychopharmacology], Hector Orrego [gastroenterology], Peter Carlen [neurology], Rick Frecker [biomedical research], and Shelly Pearlman [administration and resources]—they were all recruited during that period. And they are all quality people. I think by the time we got to the mid-70s, we were on the right track.

MAKING SPINACH PALATABLE
Developing an Education Program

"THE FIRST TWENTY YEARS"

"By 1953, with some findings emerging from research efforts, the need for an educational program, based on scientific validity, became obvious. The one guiding principle which was adopted then and is still pre-eminent was: 'We feel that any information available to us should be available to the community. We are interested in public education, not propaganda. We are quite prepared to be candid about the things we do not know.'" (ARF publication)

At a conference in 1952, I tried to articulate how we at the Foundation felt about our roles as educators. In part, I said:

"To those familiar with the problem [of alcoholism], however, a pressing need is for a change in the views and attitudes toward alcoholism that prevail in the general community. It is difficult to secure recognition of the alcoholic as a sick person. Lack of knowledge and its attendant lack of sympathy play a real part in the difficulties associated with a program of rehabilitation....Convinced that a program of community education concerning the nature and prevalence of this illness must form an essential part of our work, we have undertaken to disseminate information to those who are, or should be, interested in the problem. In general, our information program is directed to three areas:

a) *To those who are or will undoubtedly become alcoholics, information is disseminated about the nature of the illness and the various symptoms that indicate the developing of a chronic condition. Our aim is to reach alcoholics in progressively earlier stages of the illness and thereby institute a program of re-education and rehabilitation before the patient's life becomes completely disintegrated. Rehabilitation becomes much easier when a patient seeks assistance before he has lost his home, his job, his friends, and all those assets that are fundamental*

to the sustenance of life.

b) *Information is directed to the communities surrounding the alcoholic, his family, his friends, his local community or town folk.*

c) *The third area is specific training for those professional people—social workers, nurses, physicians, and psychologists mainly—who are entering their respective fields of endeavor and will be dealing directly with the alcoholic."*

The first major public education program the Foundation undertook was a series of 15-minute radio programs entitled "A Sickness Everyone Hates—But Few Understand." Author and playwright Ted Allan of Toronto (biographer of Dr. Norman Bethune) prepared the scripts and radio programs.

A note in the September 1952 minutes of the board of directors indicates that "constructive and helpful criticisms were suggested on the tape-recorded preliminary samples of radio programs being developed [by Mr. Allan] for use in Ontario." This was a somewhat gentle way of recording what was, in fact, a very vigorous debate on the content of the radio programs. The board included members of Alcoholics Anonymous who had some very definite ideas on the nature of alcoholism and therefore about what should be said about this illness. Negotiation between Mr. Allan and the board became a bit of a challenge. Nevertheless, the radio series turned out to be very successful, and the Foundation authorized a second series of 13 broadcasts under the title "The Secret Illness."

Some 34 private radio stations across Ontario carried the radio series and in so doing contributed a large amount of public service time in the interests of the ARF education program.

*Since the annual budget for education in 1952/53 was $20,000, as much free assistance as possible was sought from the specialists in the media. This was forthcoming in substantial measure, resulting in important educational films from the National Film Board (*On the Spot—Alcoholism, *in 1954;* Eye Witness—Alcoholism, *in 1955; and* David, Profile of a Problem Drinker, *in 1956). The second of the three major films was given theatrical distribution by the J. Arthur Rank Organization, and the other two were shown on television and subsequently used for years throughout North America to illustrate the progressive development of alcoholism as revealed by Jellinek's research.*

Newspapers and periodicals were generous too in their use and display of ARF educational material and the assignment of

feature writers to develop special stories. This phase of the program was enhanced by the Foundation providing a fellowship for Sidney Katz, then of the Toronto Star, *to attend the Yale Summer School for Alcohol Studies. Later, when the Foundation's own Summer School was established in 1961, science writers from large-circulation newspapers were provided with fellowships to attend. This practice paid off handsomely in developing the interest and knowledge of a number of senior newspaper reporters who continued to give the research and educational work of the Foundation favorable attention for many years.*

In October 1953, another educational door had been opened with the sponsorship of the two-day Institute on Alcoholism and Industry held in Ottawa. Some 140 personnel officers and other executives, public health officials and physicians, nurses and social workers, primarily from the federal civil service, attended. The experience of fairly well established programs at the Bell Telephone Company, Ontario Hydro, and Canadian Kodak Limited was described in detail to provide some stimulation to the federal civil service in developing specific programs for the alcoholic employee within the civil service system. A few years later this came to pass.

In the same year, a pocket-size periodical entitled Alcoholism Research *was launched. This quarterly publication—later to be called* Addictions*—contained a digest of scientific developments of special interest to practising physicians, nurses, and other professional workers who might deal with alcoholics. The Honourable Mackinnon Phillips, minister of health, and Dr. J.A. MacFarlane, chair of the Foundation's medical advisory board, introduced the first issue.*

MACKINNON PHILLIPS

"I am watching with intense interest the excellent work being done by the Alcoholism Research Foundation of Ontario. I congratulate it on its initiative which now makes possible the distribution of important research material to our medical and other interested professional groups." (*Alcoholism Research*)

J.A. MACFARLANE

"A man in the final year in medicine, not long ago, commented on the fact that as students they had heard little of alcoholism as

a disease—the extent of the problem and the measures which might be undertaken in treatment. That may well be true because teachers are unlikely to introduce undergraduate students to fields in which they tread with a good deal of uncertainty themselves. There has been throughout the world since the war an increasing awareness in the medical profession of the problems of alcoholism. It has been a field, however, fraught with misunderstanding and misconceptions in relation to moral and social issues, and this has in turn beclouded the professional and scientific approach to the complex problems of treatment.

"The Alcoholism Research Foundation (an organization set up by an act of the provincial legislature) is interested in learning the extent of the problem in our Ontario communities and in determining the best means by which treatment may be effected. Wisdom and judgment in this, as in other such complex fields, will only come with experience. The Foundation has decided, however, that such information as is available from our own and other centres should be circulated to those who may have an interest in the welfare and treatment of alcoholics.

"It is hoped that this Bulletin will be a source of interest and encouragement to a more accurate understanding of alcoholism and its management." (*Alcoholism Research*)

The first issue contained four two-page articles, with references, on the subjects of relapses, psychotherapy in alcoholism, brain surgery for alcoholism, and alcoholism and cancer. Over its 24-year lifetime and through five editors—Alasdair McCrimmon, Lois Adair, Sherrill Game, Laurie Purdy, and Barbara Rutledge Fulton—and art director Donald Murray, the magazine grew into an 80-page publication with fully developed articles on such diverse topics as Alcohol on the Job—What's Being Done; Liberated Drinking—New Hazard for Women; The New International Heroin Trade; and Olympics '76—Coping with Doping. Many of the articles were accurate early reflections of things to come—doping in sports, international drug trafficking, and employee assistance programs, to name a few.

By the end of 1953, the Foundation's educational activity was brought into sharper focus at both the professional and public levels with the creation of an education department under a full-time director—Robert R. Robinson.

It didn't take long before a new sophistication had crept into the Foundation's annual report.

BOB ROBINSON

Underlying the use of so-called educational material is the conviction that it is useless unless it is keyed to the emotional understanding of the audience....We believe that it is ineffectual simply to assemble a bundle of facts and to parcel them out in wholesale lots to an indifferent public. To attempt to sell people an idea with the "this is good for you" appeal is about as effective as trying to sell a three-year-old a plate of spinach with the same argument. And attempting to scare people into action with the "this can happen to you" bogey has proved to be equally futile.

Facts most certainly are the essential raw material of education—facts not only about the content of the subject but also about the character and disposition of the audience. This being so, sound and thoroughgoing research is the necessary forerunner and concomitant of any potentially successful educational program. Education without understanding and knowledge of those to be educated is like navigation without compass and chart.

As an instrument of prevention, public education about alcoholics also fulfils a vital role. It can set up guideposts which may serve to direct the susceptible individual away from dependence upon the effects of alcohol; and, by casting light on some of the contributing factors, it may lead relatives and employers to improved attitudes which might otherwise contribute to the making of an alcoholic.

With Robinson's arrival, the Foundation began to think in terms of primary and secondary prevention—primary prevention being chiefly an education process intended for persons of school age and older before *they become regular consumers of alcohol, and secondary prevention consisting of both education of drinkers about the early signs and symptoms of dependence and training for those who have responsibility for counselling, referring, and rehabilitating the alcohol addict. Still, the major instruments remained the print media, film, and face-to-face meetings with selected groups of influential people in seminars and workshops and, ultimately, in the Foundation's summer schools and, later still, the School for Addiction Studies.*

At the same time, the target populations for educational material were refined. The official breakdown included young people (to be reached directly and also through their parents and their teach-

ers), employers and employees (through management and organized labor), alcoholics and their families, members of the health professions (at both undergraduate and graduate levels), and members of the clergy.

From the point of view of prevention, the prime focus was given to young people. An important breakthrough into the educational system came when the Foundation prepared an official department of education Alcohol Studies Guide. *This appeared over the signature of the then minister of education, William Davis, in 1961. Acceptance by the teaching profession of the* Studies Guide *was substantially enhanced by the fact that a committee of experienced and respected teachers advised on its preparation.**

Another major step in developing the education program for young people, and in schools, occurred when the Toronto board of education seconded to the Foundation for two years Charles Prince, a senior physical and health education teacher. During Mr. Prince's time with the Foundation, special instructional programs were introduced into all of the province's teacher-training colleges and into the Ontario College of Education.

Prominent among the teaching materials developed for the ARF program was a comic book entitled It's Best to Know, *which Dr. Jellinek helped to create. This was a considerable departure from the style of publications produced heretofore. It was resisted for a time by adults but it received immediate acceptance by its intended readership, the young people themselves. Robinson noted that this latter point deserved emphasis, "because it remains an impediment to the more effective development of materials when decision-making boards are more concerned with the dignity of the product than with the viewpoint of those who will use it." Certainly, he said, the publication "lacked dignity, being produced in comic book style on newsprint, but it worked!" This publication ran into millions of copies and was used in all Canadian provinces and territories, in 43 states in the U.S., and seven other countries. In 1968, the Foundation collaborated with the government of Quebec to produce a French-language edition.*

Two other innovations were developed for this school program—a short film produced for the Foundation in Hollywood, starring comedian and commentator Steve Allen, plus the adaptation of the World Health Organization film classic To Your Health.

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* Do we really learn from past experience? Numerous "new" initiatives directed towards the schools are presented frequently as if nothing had been done previously.

The Steve Allen film established a precedent. Before it, teenage drinking films typically depicted tragedy as the inevitable outcome of drinking alcohol. Allen provided substantial credibility for the message. Gord Patrick, who was in the Education Division at the time, remembers that Robert Young, famous for his lead role in the television series Father Knows Best, *was supposed to star in the film but backed out because he had switched to a more sophisticated TV role which required a fair amount of imbibing. Thinking his new image might be embarrassing to the Foundation, he recruited Steve Allen.*

The subject most frequently asked about in radio, television, newspaper, and magazine interviews of the time was how should the family cope with, and help, an alcoholic. To answer this question was the objective of a number of publications originated by ARF—most notably Do's and Don'ts for the Wives of Alcoholics *(1960) (this was before women became increasingly recognized as being vulnerable to alcoholism themselves) and* Trial and Error *(1962). Both were bought by the Mental Health Materials Center in New York for distribution across the United States as examples of effective booklets in the field.*

A book which had enormous impact when it was first published in 1969, and still does today, is Margaret Cork's The Forgotten Children. *Marg was the Foundation's director of social work during the 50s and 60s and also head of our youth counselling services in Toronto. She interviewed and counselled 115 children, aged 10-16, one or both of whose parents were alcoholic, and told their stories in such an evocative way that* The Forgotten Children *became an instant classic and is still regarded as the seminal work on children of alcoholics.*

Another important group to reach was the clergy.

JOHN FOOTE

When we were building support to establish the Foundation, I was interested in reaching various churchmen to tell them what we were doing. I found a great many of them were quite sensible about this, despite the fact that attitudes weren't as free then as they are now. You'd hardly get a clergyman outside the Church of England, or a few Presbyterians, to take a drink. But most of them were dealing with people with alcohol problems, and they saw that the Foundation might be some sort of answer. We had several of them down in the Yale Summer School. We paid for

their replacements while they were away, and we paid their expenses. We didn't ask them to do anything. It wasn't a political thing. At first, when I'd go to a manse or presbytery, they had the idea we were trying to get them to support the government. I had to fight that and say, "I don't give a hoot whether you are a Liberal, a Cooperative Commonwealth Federationist, or a Progressive Conservative. What we are dealing with is a problem. Forget about the government." Those people who went came back with a totally different idea of the whole problem and began to support us. Today you can talk to any clergyman, and he hasn't the slightest suspicion, as they did then, that you are trying to get votes. Now that may not seem very important today, but these things are a part of what had to be built into this whole program of support in the early years.

A survey of clergy of five Protestant denominations in Ontario had been conducted by the Foundation and 42 percent of those who received questionnaires replied. Analysis showed that each clergyman knew an average of eight alcoholics. Another survey of public opinion indicated members of the public tended to look to the clergy for help when alcoholism was a problem. It was evident the clergy were key functionaries in this field, and the Foundation consequently undertook a series of special workshops in conjunction with the Canadian Council of Churches. Later this program was extended to include Roman Catholic and Jewish participants.

Speaking of the clergy reminds me of the late Reverend Ben Spence, a veteran Canadian Temperance campaigner known popularly as Mr. Prohibition of Canada. Early in the life of the Foundation, Ben Spence came to tell me he wanted to donate his library because, from his point of view, we represented the future in the field, and he wanted his books to be part of that. And, I suppose, through his books, he wanted himself to be a part of the future. I was pleased to receive this donation and its implied vote of confidence from a very eminent citizen of Canada.

WOLF SCHMIDT

His books were stored in boxes in my office. Suddenly, he came in like a storm. And he was 80-ish at that time. He noticed the books were still not unpacked and he gave me hell. I thought, what on earth is happening here? I was ignorant about him as a person, what he stood for, what he meant, what he thought of

himself. I was confused because I didn't know the importance of the man as a Temperance leader. In a way, it was an encounter between two worlds. He was still operating from a position of strength—from the past—but, for me, as a scientist at the new Alcoholism Research Foundation, it was a strength that was totally unknown to me. We came to terms—it ended up that there was no problem—but I remember being very flabbergasted.

Ben Spence's collection consisted of more than 300 volumes, including journals and pamphlets on the liquor problem and Prohibition, some of them dating back to the middle of the 19th century. It is an irreplaceable collection and of substantial interest to students of the "wet versus dry" controversy in Canada. It formed the nucleus for the Foundation's library, which opened in 1958 in the attic of 9 Bedford Road and now, in 1989, employs 11 full-time staff in 651 square metres of space at 33 Russell Street. With a current collection of 12,000 books and reports, 14,000 reprints, 450 journal subscriptions, and 210 film and video titles, it is one of the world's largest and most comprehensive collections of literature on alcohol and drug dependence. Also in the library is E.M. Jellinek's unique collection of some 800 volumes of classical and historical works in English, French, Spanish, and German. Some of these volumes are rare and first editions; he assembled them in his 30 years' study of alcohol problems. Many of the original papers and manuscripts from the Spence and Jellinek collections have been transferred to the Ontario Archives and the Thomas Fisher Rare Book Library to be preserved from further disintegration.

On the principle that representatives of specific professions were best qualified to present material to their own professional colleagues, many Foundation treatment staff helped train members of the medical, nursing, and social work professions. Undergraduate and graduate training programs, annual meetings, and special conferences were set up. In 1971, the Foundation's Clinical Institute was designated a teaching hospital, and much more sophisticated programs were developed within the curriculum of the U. of T. faculty of medicine. Social work and nursing trainees were also placed at the Foundation as part of their university training.

One particularly popular method of professional education was the Foundation's summer schools which Gord Patrick set up under Bob Robinson's direction. The basic principle was to bring in very good people with exciting ideas, well worthy of study and consideration. Many of the ideas conflicted with any kind of basic tradi-

tion, but that was the name of the game. It was an atmosphere of academia; it was terribly important, I think, for the Foundation to maintain that kind of position. For the first few years, and as a matter of policy, the summer school was moved from one university campus to another around the province to provide an important local focus as well as to attract interest in alcoholism research in various disciplines and in university communities.

GORD PATRICK

We were lucky that Jellinek was a consultant to the Foundation at that time. Since he had established the Yale University School of Alcohol Studies, his presence at the Foundation was a golden opportunity for me to sit down with him and say, "Bunky, if you were starting all over again with the Yale summer school what would you do differently?" Well, he was able to say, "I would keep it smaller." It had become too big, 250-300 people. He said, "I would make it more professional, restrict it to professionals." He said they—the Yale school—had a real mixed bag, which created communication problems. I asked him to sit on a scientific advisory board. He was the ideal person, and it made it easy to recruit other people. We got Dr. Joe MacFarlane, the dean of medicine at the University of Toronto, Dr. Harold Ettinger from Queen's, Dr. Ken Ferguson from Connaught Labs, Dr. Gordon Bell from Donwood, and Dr. Oswald Hall from sociology at U. of T. They used to meet with me twice a year—when we were setting up the content for the next year's course, and again to review the experience after the course was over.

DIANE HOBBS

Gord [Patrick] persuaded me to go as a resource person to the Kitchener summer school. I was quite sure I couldn't possibly talk to a whole group of people. Time and again, as he gave me more responsibility in education, I would say "no," and he would say "yes," so finally he got me through the experience. So summer schools, in particular, were not only good as far as having an impact on the community, but they were really wonderful in developing staff, because we had a lot of peer support and group building, but we also had time to consider the issues and clarify points. It was an excellent form of staff development.

LAVADA PINDER

It also served as a very good bridge between the head office and the regions. Regional Programs worked very well with the education and training group that was headed by Bob Robinson and Gord Patrick. The content and delivery were really pulled together. The last summer school was an advanced one, at 33 Russell Street in Toronto, a fantastic event—it brought in the best people from all over Canada and from the Foundation. I also had some of the best fun I've ever had. Diane Hobbs held open house every night. She'd say to a few of us, "Come and bring two really interesting people." So every night I'd find two interesting people, and we'd have a great time talking about our work in addictions and being in the field. In fact, those summer schools were probably the last times I stayed up most of the night to talk about the work and the problems and the issues. People were very keen.

BAS SCULLY

I joined the Foundation in February 1965 as director of the Northeastern Region, and attended my first summer school in June of that year. Summer school was an excellent program. There wasn't a time when I didn't learn a lot of new things from the presenters—the calibre of people was exceptional. I also found that it was a good place to recruit staff for my new region. Besides Foundation people attending, there were also clergymen, police officers, school teachers, and hospital and health care personnel who came from communities across Canada to learn about what they could do about the alcohol problems back home. It was at that first summer school that I met Bob Washburn and Tony van Den Bosch. Bob was an internist from Saint John, New Brunswick, and Tony was with the Children's Aid Society in Sault Ste. Marie. I knew both of them would be exceptional assets to whatever I was going to be doing in the North. They were both "opportunities" that shouldn't have been missed. Nor were they. Both of them came to work for the Foundation. A year and a half later, Bob was offered the job of director for the new Niagara Region and, although I was sorry to see him leave Sudbury, he had made tremendous progress in establishing a program. And Tony did a classic job of community development in the Sault.

Eventually it seemed necessary to provide a focal point for the Foundation's training activities; in 1978 the School for Addiction Studies was established in Toronto, with Don Meeks as director.

DON MEEKS

For the most part, the School for Addiction Studies focuses on fundamental concepts—general comprehensive knowledge that everybody needs, in addition to the specialized knowledge and specialized skills training demanded by particular disciplines. Whatever one's function, be it counsellor or employee assistance programming consultant, school systems consultant, scientist, or research assistant, there are certain kinds of things—for instance, research technology and program evaluation—that need to be taught and need to be updated. The school started out with 10 courses with 500 participants in its first year of operation. During 1987-88, SAS conducted 80 courses for almost 4,000 individuals. These included face-to-face courses and also distance education programs in the form of multi-media packages composed of print materials, reference notes, tutorials, audio or video tapes, and teleconference components. With teleconference programs we reach people in remote sites—particularly up north. We can hook up experts on different subjects—many of whom are located in metropolitan areas—with people in 19 other sites. We also conducted a very successful radio course with Open College over CJRT-FM, the station owned by Ryerson Polytechnical Institute in Toronto. According to a Bureau of Broadcast Measurement survey done during our 22-session course, we had 16,000 listeners a week on average. That greatly surprised and pleased the CJRT people because that kind of course doesn't usually get that kind of listenership.

But, to go back in time a little: in 1960, the Honourable A. Kelso Roberts, QC, Ontario's attorney general, was making pronouncements in anticipation of his bid for the leadership of the Conservative Party. He suggested, for instance, that "There should be a widespread public education program about the problems of alcoholism." I discussed the matter with Mackinnon Phillips, who had been shifted from the ministry of health to the post of provincial secretary and had taken the Foundation with him. Dr. Phillips suggested we get in touch with Mr. Roberts, which I promptly did.

LETTER FROM H.D. ARCHIBALD TO KELSO ROBERTS

"For some time now this Foundation has been giving serious thought to the kind of large-scale educational program that would be applicable to the province of Ontario should the government decide to proceed in the field of public education concerning the problem of alcoholism....Here, more than in other fields, the selection of factual content, methods of presentation, and media are critical. Sources of data must be above suspicion; and the feelings and prejudices of different parts of the population must always be kept in mind.

"Our education department has sufficiently tested its ideas and methods to warrant bringing forward a plan for a greatly expanded, province-wide education program. Further, in October 1959, the department added to its staff a social psychologist whose special field of study is mass communications; and the large-scale education program can therefore have built into it from the start the principle of continual assessment and the potential for re-focusing and improvement as it proceeds....

"When such a program...becomes fully operative, the total budget requirement for education would be in the neighborhood of $450,000 per annum....

[Signed] "H.D. Archibald, Executive Director"

The proposed education program was accepted in principle by the government but no direct action was taken until after the leadership convention (which Kelso Roberts lost and William Davis won). At this time, the proposal was again submitted through Dr. Matthew Dymond who had become minister of health. At a meeting of the committee of the Treasury Board, which included the Honourable James Allen, provincial treasurer, Dr. Dymond, Premier William Davis, and others, the treasurer was asked whether he could make money available for the program. Jim Allen replied, "I can and will." This constituted approval for the Foundation to proceed, and the education program of the Foundation was expanded substantially. The overall title of this program was "Operation Caution" with an identifying theme: "It's best to know about alcohol." As Bob Robinson explained, "This theme is in itself neutral, neither pleading for nor against the practice of drinking alcoholic beverages. Yet, at the same time, it is strongly positive and indisputable."

Essential components of "Operation Caution"—target populations, focal points of interest, and recommended media—are summarized in the Table in Appendix C, and, in my judgment, would serve as a good framework for a public education program today. The estimated costs of the program totalled $225,000 in the first year, $360,000 in the second, and $413,000 in the third.

HENRY SCHANKULA

By 1971, with the growth of the Foundation and the establishment of regional centres, the functional divisions of work became somewhat unclear, and, indeed, competitive. We changed the focus of the education division to a resource-base, to provide backup and production services to the geographically based line organizations in the field. The education resources division embraced only those activities that were clearly preventative in nature.

"THE FIRST TWENTY YEARS"

"As we move into the seventies, our communications personnel are setting new production records: 7 million copies of publications distributed, 23 videotape productions, a widely distributed training film, a slide and sound presentation, sets of radio spot announcements for Ontario stations, newspaper advertisements, network television productions, book publication by Foundation staff, operation of the largest film-lending operation in the province— all in the course of one year.

"In addition, communications personnel serve as advisors to film productions by outside companies to assist drug education development in the Ontario colleges of education and in municipal and regional school systems, serve in advisory roles to many other organizations such as the Ontario Home and School Federation, the Council on Drug Abuse, Alcohol and Drug Concerns, as well as industry, unions, and civic groups.

"Being able to count on this pool of communications resources, and on the guidance of specialists, gives the Foundation personnel working throughout the province strong backup support. Community consultants and other professionals creating relationships with school boards, teachers, and community service clubs are therefore in a position to provide, in a very tangible way, the most contemporary material, be it fact sheets, handbooks,

films, or videotapes for school and community showing." (ARF publication)

One of the great instruments of communication in the substance abuse field has been The Journal, *the monthly tabloid newspaper begun at the Foundation in 1972 by Gary Seidler and, since 1976, edited by Anne MacLennan.*

HENRY SCHANKULA

Interestingly, *The Journal* arose from a four-page tabloid called *Contact* which was targeted to internal science professionals and ARF workers who were now scattered throughout Ontario. Its purpose was to give them important up-to-date information to help them do their jobs. Although the Foundation had a staff of only a few hundred then, within a matter of months we had close to 2,500 individuals requesting the publication. So we turned the problem into a solution and began publishing an easily read science publication, *The Journal.* It was immediately successful. Within a few years our subscriber list had grown to more than 55,000.

ANNE MACLENNAN

From the outset, *The Journal* was planned as a vehicle for disseminating news of events and developments of relevance to people in addictions and related areas as well as to people in the media. That was a very dynamic time; illicit drug use was a new and growing problem, and the aim was to keep addictions workers and media in Ontario informed. Over time, we attracted readers well beyond Ontario, and across a wide range of professions, people whose work relates directly or indirectly to addictions. That includes the obvious people, for example, medical professionals and para-professionals, alcohol and other drug counsellors, but it also includes researchers, educators, legislators, policy-makers, law enforcement personnel, and management and labor people, who, increasingly, understand the effects drug and alcohol use can have in the workplace.

Our objective is to keep all of them abreast of developments and trends, wherever they're happening, to help them in their

work. Over time, we've become a common reference point for them in a complex and confusing field. In fact, we're the only international, monthly information update in this field in the world, and for many, many of our readers, their only regular contact with what's happening in the broader field. Among other things, in a sense we serve as a kind of major protection against the constant reinventing of wheels that tends to go on in any field.

Our articles are also regularly reprinted and referenced in English-language publications around the world, and, interestingly, frequently translated into a range of other languages— Polish, Spanish, German, and so on.

It's very important that, at the start, the Foundation took the unusual step for an agency of government of ensuring *The Journal* remained a publication for professionals, with the requisite editorial autonomy to achieve that. Although there have been times of tension about that early decision, editorial autonomy has been preserved, with the assistance of our editorial advisory board, a distinguished group of academics, scientists, and other professionals from a range of related fields. This has not only helped *The Journal* to achieve and maintain its considerable reputation for integrity, it has also enhanced the Foundation's reputation for having the courage and wisdom to allow it.

FROM RIVERBANK TO WORKFORCE
A Non-Medical Detox System

Another of Kelso Roberts' promises in his 1960 bid for the Conservative leadership was his intention to amend the Liquor Control Act "to remove the drunks from jails because 'alcoholism is a disease.'" This was an issue of the times. In the United States, law on public intoxication had been overruled by the Supreme Court in the "Easter" case, in which the defence lawyer had argued successfully that because alcoholism was a disease, the courts could not incarcerate someone for exhibiting symptoms of the disease.

The Foundation's response to Mr. Roberts' proposal was to arrange a series of meetings with him. These led to the formation of an advisory committee which recommended strongly that the Ontario legislation not be amended until some form of treatment service was in place. A special grant was made to the Foundation to establish a special research project at 24 Harbord Street, and another to set up the treatment program at Riverdale Hospital—the Hastings Unit—to study the situation. Around this time I had seen detoxication centres in Czechoslovakia and Poland which, although "primitive" (they were really just a substitute for jail) compared with the system eventually adopted by Ontario, showed that modest but effective facilities could be established at a much lower cost than hospital services.

As part of the process and strategy, an inter-departmental committee was set up and I was invited to be chairman. Members included senior representatives from the ministries of health, attorney general, reform institutions, and social services. As a result of our report, non-medical detoxication centres eventually were set up throughout the province. But first, the process and strategy required that some groundwork be done by the Foundation.

GUS OKI

I came on in 1959 as an interviewer in the Chronic Drunken-

ness Offender project headed by Jim Giffen. It was a large-scale project that went on for nearly 10 years. The whole Ontario detox-rehab concept and the program that emerged were recommendations arising from that research—a replacement for the legal "revolving door." The Foundation's initiative in this area was in the vanguard. Part of the field work—participant-observation research—involved living on skid row for a period of time. I took a bachelor apartment on Sherbourne Street in Toronto, right in the heart of what was then skid row. Jim and I thought it would be advantageous for somebody to actually get first-hand experience and observations down there, not only to corroborate the material that we had gathered through thousands of hours of interviews with the skid row drunks, but also to supplement, from direct observation, the image they had provided for us.

What we ended up with was a fairly elaborate and comprehensive set of recommendations as a social-health alternative to the legal quasi-criminal arrangement that had existed. There is a fair number of detoxication centres around the province now, but we pretty well set the pattern.

We operated the first one—in a converted small apartment block at 24 Harbord Street—as a pilot, with Dr. Louis Robinson as director. I think that must go back to 1966 or 1967. Later, when the government approved the system of detoxication centres, the first official one was opened on Ossington Avenue in Toronto in conjunction with Toronto Western Hospital. We had decided that every detox centre should have a public hospital as backup. That was the entry process into the whole provincial health system and one of the first expressions of community-oriented hospital services. This is a big thing now—almost any report on the delivery of health services will emphasize this.

LOUIS ROBINSON

"During 1967, at least 11 suicides in Metropolitan Toronto police stations were reported.*

"They were committed by people who appeared to be drunk at the time of arrest, many of whom could be described as chronic

* There were 31 suicides in Metro police custody between 1967 and 1976, of whom all but four were arrested for public intoxication. (From: G. Oki and S. Lambert, *Deaths in Police Custody*, Toronto, ARF, 1980).

drunkenness offenders. The offender is usually a male who has been arrested and charged with public drunkenness during the previous 12 months. In Metropolitan Toronto, the greater number of these arrests occur within the skid row area and involve mostly those who are inhabitants of that district.

"These persons constitute approximately 10 percent of those afflicted with alcohol dependence. Nevertheless, it is this group who are mostly in the public eye because of their panhandling, numerous arrests, and being found dead in some alley because of exposure. Many constitute a nuisance to the more fortunate who use the downtown area of Toronto for business, shopping, and entertainment.

"The Foundation's Chronic Drunkenness Offender study of these people documents, in detail, a problem which, hitherto, has received little public attention. The rather sensational number of suicides which occurred, together with a growing public concern about the ravages of alcohol dependency, helps to reinforce the ideas implicit in this study; the plight of the alcohol-dependent skid row inhabitant could no longer be ignored by a 'civilized' community. ARF responded with a decision to provide a detoxication unit for the treatment of those arrested for public drunkenness.

"This unit was intended to be a pilot project. It was not intended as a general service for use by the public-at-large, but to focus attention on the public drunkenness problem as it occurred in skid row.

"In 1967, a task force of representatives from the various disciplines at the Foundation and representatives of the Metropolitan Toronto Police Commission was formed to study ways of establishing a detoxication centre which could function relatively smoothly amidst the rather complicated rules demanded by liquor laws and with some regard to the rights of the private individual. The Detoxication Centre opened at 24 Harbord Street on June 1st, 1968." (in an ARF report, 1970)

MAGISTRATE CHARLES O. BICK,
CHAIRMAN, BOARD OF COMMISSIONERS OF POLICE, 1968

"The operation of the detoxication centre is a pilot project, attempting to arrive at some different manner of dealing with those who have become part of the revolving door process of

drunk in public, arrest, court appearance, and jail. Because of the necessarily limited facilities, it will only be possible to deal with a very small percentage of the total group but, in an attempt to cooperate, it is suggested that some such procedure as outlined herein be approved for use by the Metropolitan Toronto Police.

"When a person is found in a public place apparently intoxicated and brought to #52 Station, the duty sergeant will decide if the person should be dealt with at the detoxication centre at 24 Harbord Street.

"The duty sergeant shall:

1. Check the master index to determine if the person is wanted.
2. If the person is not wanted for any other reason make out an arrest form.
3. File the station copy in a separate section marked "detoxication centre."
4. Place particulars on the court calendar.
5. Release the person on his own bail and have him transported to the detoxication centre with a copy of the arrest form.
6. Complete all other details normally associated with booking prisoners.
7. When the information is made out, attach a recommendation that the charge be withdrawn."

(Letter to Members, Board of Commissioners of Police, May 7, 1968)

DIANE HOBBS

Approximately 1,500 people were examined over a relatively short period to determine what kinds of immediate medical help they required. Less than five percent needed hospitalization and about three percent would have required outpatient treatment and could have gone home if they had had a home to go to. Dr. Robinson noted that the medication used in withdrawal was often not necessary, that we were over-medicating people, and that a supportive environment with access to medical care was probably what was required.

These recommendations were presented to Ben Garrett, who

had some experience already with this population. And another pilot project—a non-medical model—was established in Seaton House, a men's hostel. Ben hired Bill Peterson to establish this non-medical detox. Bill was quite convinced that the environment was the significant factor as far as helping people withdraw from alcohol—environment was the medication really. He said people didn't have seizures in their living rooms; they had them in hospital emergencies and jail cells.

Seaton House is the men's welfare hostel for Metropolitan Toronto, and it had the reputation of being the last place on the road. People did not want to go there, and yet Bill was able to open a detox in that facility. The city provided the building, St. Michael's Hospital provided the medical backup, and the Foundation provided the staff—and, from the curtains on the walls, I could tell that the Foundation also provided the curtains. It was a very simple model. Later on, Ossington Avenue Detox Unit, managed by Western Hospital, was opened. After that, the model was accepted by the province as the way that it would provide detoxication programs.

One of the things we insisted on was that once somebody sobered up a bit, he must have a shower. A number of fellows on the row first became attracted to detox because they couldn't stand to stay dirty. They forgot during their drinking days how it felt to be clean, but in actual fact the periods of drunkenness got shorter. There is a man still working in the London Detox who had something like 500 admissions. I talked with him a couple of years after he became employed by the unit. I asked, "Did you just get tired of checking in, so you decided to stay and work?" He said, "Well it was something like that." But I don't believe that man would ever have bridged skid row to the work world without having gone from being a resident in a detox to being a volunteer in a detox to becoming a staff member. The move from the riverbank to the workforce is a long piece if you haven't been there before. A lot of recovered alcoholics work in detox; many of them have been through the detox system themselves. They bring a special empathy if they are good helpers.

As part of our detox training program I always asked to visit the police station. A fellow known as "Harebrain" was one of my detox trainees I took over to 52 Division. When he walked in, one of the officers said, "Hare? I thought you were dead." He pulled out Hare's file and said, "We've always kept it in this drawer because you came in every night." In the last couple of years they

hadn't seen him, but nobody quite wanted to bury "Harebrain." He said, "Oh, no I went to detox and sobered up." The impact of the message to the police—that even a harebrain could change—was quite remarkable.

Women who needed help from detox facilities had a problem because of a provincial government decision to provide funds for detoxes only in communities with a certain number of drunk arrests. Since women didn't get arrested very often, the numbers were so low it wasn't considered expedient to provide special services for them—except for the detox operated by the Foundation's Clinical Institute, which always had four beds for women. It met the needs of many women, but when you think of just four beds for all of the women in Toronto, it's been very difficult. By 1980, a number of services became "co-educational," but, in general, women have stayed away from detox centres.

I think one of the things detoxes really have done for communities, besides what they have done for the clients, is to demonstrate for the community as a whole the motto that "change is possible." It is extremely important for communities to learn that alcoholics, even skid row alcoholics, can change.

There were two other important pilot projects developed by the Foundation to explore a non-medical approach to the detoxication and treatment of public inebriates. Bon Accord, a country place in Elora, Ontario, was set up with the Reverend Don Collier as director. Intended as a long-term residence to give skid row alcoholics an opportunity to be rehabilitated in a rural, work-oriented setting, it was first run as a farm, then as a furniture factory. Unfortunately, it was a short-lived project. The other project involved halfway houses set up as models for a province-wide system of halfway houses.

GUS OKI

To my way of looking at it, Bon Accord made three contributions:

First, a political one—there was really a commitment or obligation to set something up. I don't mean that cynically. That's just reality.

Second, was to give an opportunity to those skid row alcoholics who still had hopes and expectations of coming out of it.

Third, was to gain some insights into what might be done with these guys.

My own involvement was mainly in this third context. I think we did gain some insights. I think it was interesting that, at the same time the Sobells* were claiming some alcoholics could possibly revert to controlled drinking, we were making the same observations at Bon Accord. None of us was naive enough to ignore the fact that it was partly because of the isolated artificial environment. But, given that, I can recall evenings when I stayed out there, and after supper—I think my conscience is clear (after all, they were there on a voluntary basis)—I would join them in the village for a few beers. They'd get up in the morning and go to work and thereby confirm the claim that alcohol dependence is highly individualistic and influenced by the environment. But realistically—and we talked about it—you couldn't transpose that back into the city. They would revert right back to type. In fact, they did.

MARTHA SANCHEZ-CRAIG

My first challenge was to find out whether the halfway house could offer residents more than room and board and informal support. The emphasis had been to provide a supportive "homelike" environment designed to foster sobriety and self-sufficiency. If residents had personal problems they were advised to seek help in community centres. For the first six months I assessed the needs of the residents. Most of them said that in addition to the usual services, they would welcome specific help. Specifically, the majority wanted assistance in the areas of employment, recreation, and future residence. When we introduced programs in the house to address these needs, some of my colleagues said, "Martha, this is supposed to be a home, not a treatment centre. You can't convert the house into a clinic." I had to quibble with the notion that halfway houses were homes, where one should only give care and informal support. So I told them, "Look, I don't know what a home is. Does anyone know? Is it realistic to think of a place

* Drs. Mark and Linda Sobell are scientists who conducted in California controversial studies on controlled drinking. Linda is now head of the Behavioural Treatment Research Department and Mark head of Sociobehavioural Research at the Addiction Research Foundation.

where 20 or 30 people live as a home?" I thought of the halfway house as a place where people could have time to reflect with some peace of mind about whether they wanted to get out of the skid row life. But, within that context, we could offer counselling for specific needs. This is why we established the liaison with the department of community and social services; their counsellors provided the vocational assistance our residents required. When I left the halfway house (approximately four years later) I was gratified to see that we had influenced halfway house operators in Ontario. Not only did they begin to include programs in their houses, but also they were required by their association to describe them.

By 1972, the government of Ontario, acting on a recommendation from the Foundation, and through minister of health Dr. Dick Potter, approved a budget for a province-wide program to develop detoxication and rehabilitation services. The new system was planned with a view that the detoxication facilities and the backup halfway houses would work together in the community to facilitate the new treatment-rehabilitation approach for the public inebriate. Six detox-rehab centres — three in Toronto, and one each in Hamilton, Kenora, and London— were scheduled to open in 1972, with the next two years to bring more to Toronto as well as to St. Catharines, Ottawa, Sudbury, Thunder Bay, Windsor, Kitchener-Waterloo, and Renfrew County. The Foundation stayed involved by providing a four-week intensive training course for staff scheduled for the units; regularly visiting the centres, and participating in on-the-job training, through the Clinical Institute; instructing U. of T. students from the faculties of medicine, social work, and occupational therapy; and developing, with the Donwood Institute in Toronto, a training program to develop qualified personnel for the programs.

Dr. E.M. Jellinek, world-renowned pioneer in alcoholism research, and Rev. Ben Spence, well-known 92-year-old Temperance crusader, both deeded to the Foundation their lifetime collections of books and papers. Shown here in the ARF research library in Toronto are (l. to r.): Rev. Ben Spence, Dr. Jellinek presenting a token volume to ARF chairman Isaac P. McNabb, and H. David Archibald, executive director of the Foundation. The two collections, assembled from quite different viewpoints, contain a wealth of historical and scientific information for researchers in the alcohol field.

Arthur Kelly, KC, chairman of ARF's board of directors, receiving the key to 9-11 Bedford Road from Dr. Mackinnon Phillips, minister of health. David Archibald, ARF's executive director, looks on.

Robert Stevens, senior executive of Bell Telephone and onetime chairman of the Foundation.

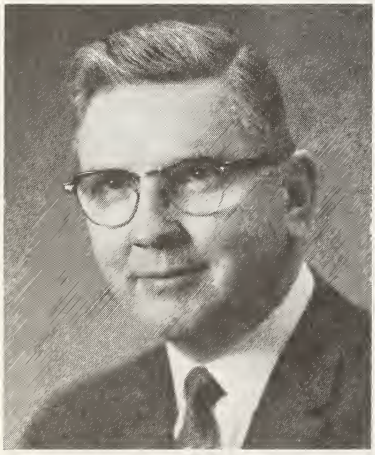
9-11 Bedford Road, one of ARF's homes in the early years.

At a meeting of the North American Association of Alcoholism Programs (now called ADPA) hosted by the government of Alberta, five of the leaders in the field of alcoholism came together for the first time:

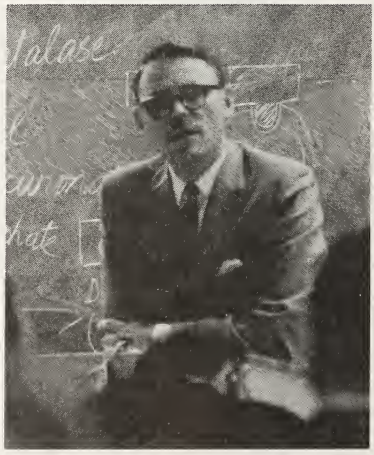
Back row (l. to r.): Bill W., co-founder of Alcoholics Anonymous; Dr. E.M. Jellinek, founder of the scientific approach to alcoholism; Dr. Brinkley Smithers, president of the Smithers Foundation.

Front row: Dr. Philip, incoming president NAAAP, Dr. David Archibald, president, NAAAP, executive director, ARF.

The ARF complex on Harbord Street. On the left is 30 Harbord, an outpatient facility. In the square building at 24 Harbord was the clinical department with 20 beds. The administration area was behind MacDonald's drug store, and the triplex on the extreme right housed the research division.

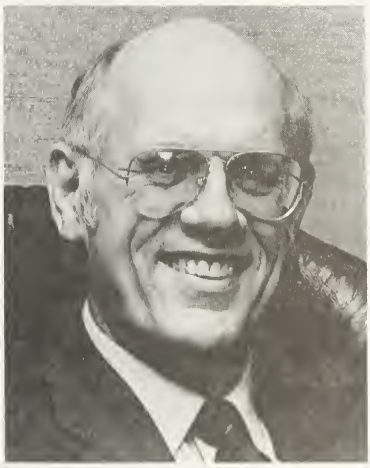


Gord Patrick, first director of the ARF Hamilton branch, who later became administrator of the ARF Summer School.



Bob Gibbins, one of the Foundation's first career scientists.

Executive director David Archibald and assistant executive director William (Bill) Wacko examine an organization chart and discuss plans for expansion, 1958.



Director of administration Henry Schankula.

Dr. John Armstrong, the Foundation's first medical director.

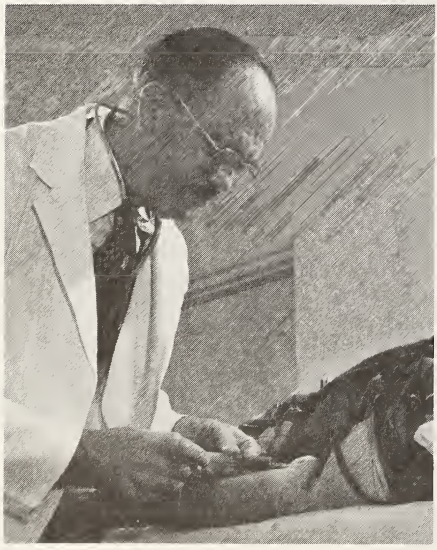
Margaret Cork, chief psychiatric social worker, Brookside Clinic, about 1953.

Dr. John Armstrong, ARF medical director, demonstrating some "new" tape recording equipment to Hon. Mackinnon Phillips on left and Major John Foote on right.

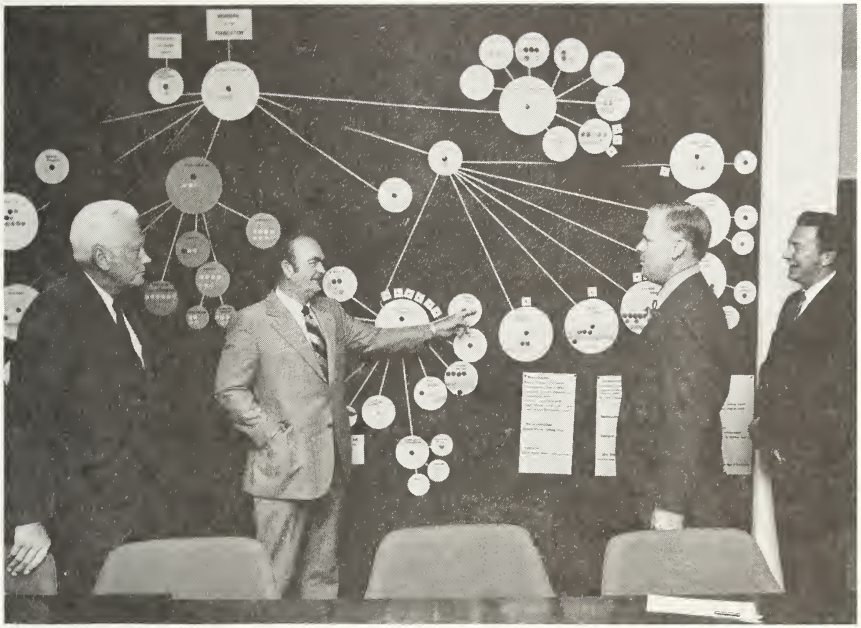
A young Dr. Harold Kalant.

Bas Scully, ARF's director of northern programs, was appointed an honorary chief by a Manitoulin Island Indian tribe.

Session at the University of Toronto, June 19, 1962 (l. to r.): R.R. Robinson, ARF's director of education; Robert E. Popham, assistant director of research (social sciences); Dr. E.M. Jellinek, Institute for the Study of Human Problems, Stanford University, California, formerly WHO consultant on alcohol problems, and a consultant to the Foundation; and Dr. Erik Jacobsen, Denmark, discoverer of Antabuse.

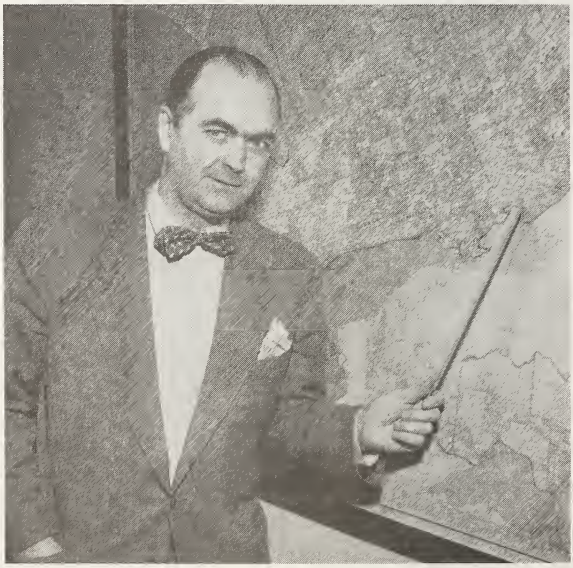


Dr. Hugh Kerr, general physician, Brookside Clinic, examines a patient at the clinic, 1952.



David Archibald explaining the programs and organization of the Foundation to Hon. Tom Wells, minister of health. Also present (left) Ted Gaetz, chairman of ARF, and (right) Dr. Wilf Boothroyd, ARF.

Hon. Dr. Matthew Dymond, minister of health, on the occasion of the sod-turning ceremony for 33 Russell Street.



David Archibald in 1951.

Sylvia Stevens, secretary to David Archibald for 20 years.

Hon. A.B.R. Lawrence, minister of health, at the official opening of 33 Russell Street, 1971.

Presentation of Order of Canada by Governor-General Sauvé to David Archibald, 1989.

AN ERA OF TURMOIL
The Frantic 60s and 70s

I remember an informal conversation with Matt Dymond, the minister of health during the 60s, about the burgeoning of drug use. He jumped at the idea of extending the Foundation's terms of reference to include drugs other than alcohol because the government was under considerable pressure "to do something about the developing drug problem." These words eerily echoed the public's demand in 1949 and 1950 to Leslie Frost's government to "do something about the problem of alcohol."

The question was thoroughly discussed by the senior staff of the Foundation and our medical advisory board, and subsequently a recommendation was presented to the members of the Foundation suggesting the Foundation seek to have its legislation amended to encompass other drugs. They accepted the recommendation.

In a number of ways, we were already involved with other drugs. Many patients were coming into our treatment facilities with a mixed addiction—alcohol and barbiturates, principally. This was frequently referred to as the "suburban housewife's" problem—unfairly, because surveys, during the 70s particularly, revealed that barbiturates were fairly extensively used by many people. In the early 60s, however, the general public's notion of drug problems was pretty well restricted to narcotics, primarily heroin. This view was due in part to a disproportionate amount of media attention given to narcotic addiction and the general negative concept summed up by the words "drug fiend." Consequently, both Dr. Dymond and premier William Davis welcomed warmly the decision of the Foundation to extend our activities to include all dependence-producing drugs.

During the 26th session of the Legislature in January 1961, the Foundation's legislation was amended to:

"conduct and promote a program of research in alcoholism and addiction to substances other than alcohol."

With the new legislation came a new name: The Alcoholism

and Drug Addiction Research Foundation of Ontario.

*We were truly pioneers—the first in Canada and the United States to officially establish a "combined approach" encompassing all drugs of dependence. Many were upset about this development—particularly those in the field of alcoholism. They believed that inclusion of drugs would undo much of the progress that had been made in gaining public acceptance and a positive attitude to the disease concept of alcoholism. Today, however, all of the provinces of Canada, the federal government, and the National Drug Strategy as well as the majority of the states in the United States include both alcohol and drugs in their mandate. Many also include tobacco, and the terminology is beginning to change from alcohol and drugs to substance abuse.**

It was an incredible period for the Foundation and quite unsettling. The size and budget of the organization doubled in a very short time, which created enormous practical problems with personal and personnel identity. At that time everybody, but everybody, knew what the answer was and, for every individual involved, there was a different answer, a different idea for programming. There wasn't really any clear understanding of how to respond to the drug phenomenon. In so far as it was possible we tried to be as traditional as we could, but we realized we had to adopt new strategies and develop new ideas. And there was no clear notion as to what those strategies should be except that in some ways we had to work very much in the community, very much with the new groups, primarily of young people, that were forming rapidly, and we had to learn what they were all about. It was learning by doing. That's not a strategy I would recommend for any organization, but that was the way it was. It was certainly crisis management—and management of crises.

The government took the position that the Foundation would be responsible for all programs in the alcohol and drug field sponsored by public funds, and we were suddenly into the grant-in-aid business as well. Not grants-in-aid of research but grants-in-aid of programs—storefront clinics, drop-in centres, trailers at rock concerts, etc., etc....

REG SMART

I was on the grants-in-aid committee at one time and I re-

*For example, the Canadian Centre on Substance Abuse.

member that we frequently had many agencies that we didn't know much about applying for funds and we didn't have any sort of evaluation or any way of demonstrating that their work might be useful or helpful. And yet the pressures of the time seemed to dictate we should give the money anyhow.

LAVADA PINDER

When the youth and drug phenomenon was on us, all regional workers were issued Foundation identity cards, which we hadn't had before, because we might find ourselves in situations where people were smoking dope. And if there was some kind of scoop, there we would be. We found ourselves in some very interesting situations—behind beaded curtains, incense burning, lights swirling, and some of the people quite stoned.

Remember the drug panel as an art form? Do you remember that? There were endless drug panels. There was always somebody from the Foundation, usually a physician, too, and a community agency person and always, always, a "youth"....It was an art form, literally an art form.

Some things that started in those days, however, were really very sound because they were based on theories of community development. One example was the Emergency Drug Squad which the Foundation in Ottawa organized with the YMCA. We trained people to help kids in emergency departments of hospitals because the staff sometimes didn't know quite what to do with kids having a rough time with "flashbacks." Their names were listed in emergency departments so if a kid on drugs came in or was brought in by police, someone would be called and would go over and help out by interpreting, holding, "talking them down." Wasn't that the term?

Ultimately this project, based on outreach, peer counselling, and a kind of advocacy role for the Foundation, resulted in the Centretown Youth Clinic. We pioneered it with the "Y," the Mayor's Committee on Youth, and the University of Ottawa medical school. The Foundation funded the first summer students who staffed it—two of them were medics from Vietnam who had been on drugs but weren't any longer. Since it was founded in 1970, the clinic has never looked back. It's now an important community service called the Centretown Community Health Clinic.

The Foundation sponsored a conference at York University to

train these summer students. All of a sudden some of the kids started a counter-conference and invited David DePoe from the Company of Young Canadians to speak. I can remember being in the cafeteria with all of our kids, and a couple of students came in who had very short hair and suits and one of the kids jabbed me in the ribs and said really loudly, "Who are those freaks?" So it went. You had to be careful not to completely lose your marbles.

One of the things that we would hear about out here in the boondocks was the marijuana studies going on in Toronto and the way people's faculties while on dope were being tested by making wooden stools and woven belts. You could buy them very cheaply, perhaps because many of the stools had one leg shorter than the other. It was, after all, a test of one's faculties under the influence of marijuana.

But, you know, there was a lot of fun, too. We knew we were being caught off guard, and anybody with a sense of humor and a sense of his or her own ridiculousness knew the kids were often having us on. We'd be listening to Sgt. Pepper's Lonely Hearts Club Band in an effort to understand them, trying too hard to understand them, and they couldn't even understand themselves. It really was a funny but very serious time.

HENRY SCHANKULA

One interesting component of the Foundation's response to the crisis intervention times of the drug-infested 60s and early 70s was a telephone service called "Connection." It was manned by people with considerable street knowledge. They were a group from varied backgrounds, but they all had an expertise, either formally acquired or acquired on the street. This made them empathetic to those who needed "talking down" and to those surrounding the drug user, that is, the parents, teachers, lawyers, friends, siblings, and so forth.

Connection was publicized by the distribution of metal disk medallions with the name of the service and the telephone number. These metal medallions, worn by many as a necklace, became part of the costume of the times.

The questions being asked were tracked and some standard responses prepared. This evolved, as fiscal times became more severe, into the automated telephone service Dial-A-Fact—65 audio tapes in both English and French which addressed the key

issues of the day. This service continues today.

Another service of our Education Resources Division was the Information Centre. Its staff maintained records of available treatment services, names of whom to contact, and in-depth responses to typical questions. From this, an annual *Directory of Treatment Services* was developed, and is considered an essential guide for professionals.

We also produced *Drugs and Drug Abuse*, a publication originally conceptualized as a manual for judges hearing drug cases to answer questions about drugs and their effects. This book, now in its second edition, has proven to be an invaluable tool. It's a basic encyclopedia of drug information.

ADRIAN WILKINSON

In the early 70s there was a certain amount of heroin use but the most prominent feature of drug use among young people in Toronto, and the most distressing to some extent, was intravenous amphetamine use. We saw a lot of very emaciated young people with infections related to needle use—the speed freaks whom one rarely sees nowadays.

Back then, Toronto and Southern Ontario were the principal manufacturing and distribution centres for amphetamines in North America—distributed by the motorcycle gangs. A number of the drug factories were identified and closed down by the police and that severely curtailed the supply. So drug habits changed with a change in availability to a large extent. But it wasn't simply that. The young drug-using population at the end of the 60s and in the early 70s were extremely naive, very inexperienced drug users. There were all sorts of initial blunders and poor avoidance of high-risk behavior. Then, sort of spontaneously, people became more sophisticated about avoiding the most obvious short-term, unpleasant effects of the drugs. We saw far fewer overdose crises and bad trips on acid.

The Foundation got off the mark first in specific treatment approaches for young drug users involved in multiple substances, particularly alcohol and what we called the recreational drugs—cannabis, stimulants, and hallucinogens. The Young Drug Users Program is most effective for this large group.

Without a doubt, analysing the contents of street drugs played

a part in educating young people, at least in the Toronto area.

I remember distinctly Bob Gibbins coming to me with Joan Marshman and saying, "We have just hired the best pharmacist in the country. She can establish the street drug analysis laboratory that we have been thinking about setting up."

Prior to the establishment of the laboratory, it had been necessary to obtain samples of some specific drugs as reference samples. Some were available only through the department of national health and welfare and bureaucratic procedures were sometimes difficult to overcome.

Consequently, I addressed a letter to the Honourable John Munro, who at that time was minister of national health and welfare.

LETTER FROM H.D. ARCHIBALD TO JOHN MUNRO

"For the past four months I have been attempting to obtain from your department various drug substances that are basic to our laboratory research into the effects of various substances on animal organisms. Some of the substances that we need as reference samples for our laboratory work are obtainable through commercial drug firms. However, others such as cannabis (hashish, marihuana) and heroin can be obtained only from your department....

"Your department has generously provided us with the services of Dr. Farmalo* to assist us in our laboratory work. However, the work is being held up because of our inability to obtain from your department the drug substances required for this research. I am not clear as to the source of the hold up; however, I understand there is some difference of opinion within your department as to the legality of providing illegal drug substances for scientific purposes....

"I have previously expressed to your officials that I hope very much that a working partnership with mutual respect could be developed between the scientists of this Foundation and the scientists and officials of the Department of National Health and Welfare.

"There is no doubt that this Foundation has undertaken more extensive and more fundamental research in this area than any other organization in Canada. Moreover, as I view this field from

*Dr. Farmalo later became a member of staff of the Le Dain Commission.

the perspective of our work with the World Health Organization, Canada now has an opportunity for real leadership. We are on the forefront of knowledge. To maintain this position, however, we must have the enthusiastic support of your department in our research efforts. Frankly, we are disappointed in the response to date.

"I would appreciate it very much if, through your office, you can begin to unblock the situation so that we can move forward with the basic scientific work that is so essential to the development of knowledge in this important field.

[Signed] "H. David Archibald, Executive Director"

In a fairly short period of time, the minister arranged for the bureaucratic blocks to be removed and we obtained the special reference samples required for our work.

The laboratory was in business, with Dr. Joan Marshman as the director.

We were deeply concerned about the negative impact on the health of young drug users who were consuming drugs purchased on the street without knowing what they were really taking. Dr. Marshman and her staff found that in at least 50 percent of the cases, the street drugs contained additional substances, many of them quite toxic. In other words, the purchaser had only a 50 percent chance of getting what he or she had expected to get. Since this posed a problem, not only to the drug takers but to hospital emergency departments who were treating these young people, we began to publish a regular news bulletin which was widely circulated. We also sent special bulletins to CHUM, a radio station popular with young people. Its announcers would report on drugs being sold on the street and the degree of contamination contained in each.

After the laboratory had been operating for six months or so we were visited by an Inspector Wilson of the morality bureau of the Metropolitan Toronto Police. Inspector Wilson informed our staff that the laboratory was illegal and that they wished us to close the operation. However, it became clear subsequently that the major objection was that information provided to the general public and to the young people using drugs would, in their view, be an encouragement to take drugs. Inspector Wilson wrote to James Mackey, chief of police.

LETTER FROM INSPECTOR WILSON TO JAMES MACKEY

"Recently, it has come to our attention that the Addiction Research Foundation was supplying a service which indicates an encouragement to take drugs, at least from the writer's point of view.

"As per your instructions, a meeting was arranged with Mr. Schankula, director of operations [*sic*], Dr. Griffin [*sic*], and Mr. Alan Neal of their analyst's section.

"I am not particularly impressed with their account of the procedure, due to the fact that some days prior to attending the meeting, a phone call was made to the Addiction Research Foundation. As a result, it was ascertained that if a quantity of pills was brought in, they would analyse the contents and provide the result of the analysis. The caller (a police officer) was informed that he should enclose the material in an envelope and address it to the Addiction Research Foundation, in case he was stopped by the police.

"Further investigations will be conducted in the future to verify whether or not this service has been discontinued.

[Signed] "Inspector Wilson"

The procedure we were following was one recommended to us by the Food and Drug Directorate of the department of national health and welfare. Clearly, the director general, Dr. R.H. Chapman, was sympathetic to the work we were doing. However, we had no option but to close the laboratory service until the legal situation could be clarified.

We were lucky to have on the Foundation's board of directors at the time, the chairman of the police commission. I called him. He called in Police Chief Mackey, and the officer who had "advised" us to close our laboratory was asked to reconsider his advice. The chairman of the police commission also clearly believed that we were providing a good service to the young people in the community and to the community in general.

In fact, we did create a very substantial credibility gap between the sellers of illicit drugs and the purchasers, and the young people gradually became much more cautious in their dealings.

As a consequence of the visit from the police I asked Dr. Chapman of the Food and Drug Directorate to clarify the legal situation.

LETTER FROM R.H. CHAPMAN TO H.D. ARCHIBALD

"We have discussed the problems involved with our legal advisors. Examination of the *Narcotic Control Act* and of Part J of the *Food and Drugs Act*, which deals with restricted drugs, revealed that neither piece of legislation covers adequately the legal problems raised by establishment of a drug analytical service. For example, neither piece of legislation provides legal protection for a physician who delivers a sample of a restricted drug to an analyst....

"Action is already under way to prepare appropriate amendments to the legislation for presentation to our Minister. We are hopeful that the legal problems involved can be cleared up in four to six weeks, and will be in touch with you again about this matter as soon as possible.

[Signed] "R.H. Chapman, Director General"

Some of the public reactions to this decision were interesting. The Globe and Mail *commented that "the mindless enforcement of regulations already suspect can only lead to brutal results.... This is a time for compassion, not rigidity, especially with a report of the Le Dain Commission so near at hand."*

The Le Dain Commission Interim Report was released and stressed "the need for analyzing street drugs and publishing the information." It noted that the Food and Drug Directorate in Ottawa had "neither the men nor the facilities to do the job properly."

The Ontario Medical Association took up the cause in the September 1970 issue of the Ontario Medical Review, *quoting Dr. David Lloyd, a resident at the Hospital for Sick Children and a physician at the Rochdale Free Clinic in Toronto.*

ONTARIO MEDICAL REVIEW, 1970

"Dr. Lloyd reported in *The Journal of Applied Therapeutics* that many doctors had prescribed chlorpromazine to patients on bad trips without realizing that their patients had taken a drug mixture containing atropine.

"In other words, doctors using a reliable and an effective treatment for LSD brought their patients near death because they did not know, and had no way of finding out in an emergency situation, that their patients had swallowed a compound containing a new mixture and unknown mixture."

"This is what doctors at the Addiction Research Foundation were facing when they began analysing and issuing reports on street drugs more than one year ago. 'We know that we are not going to stop the kids from taking drugs,' Executive Director H. David Archibald said, 'but we can at least teach them the hazards, we can teach them to be discriminating, and at the same time the Foundation could discover and warn other doctors what new mixtures were circulating.'

"Yet this is what Metro Police ignored last spring when they threatened prosecutions and stopped the Foundation from continuing its street drug analysis."

The Globe and Mail *summed up this position succinctly:*

"...We have more to fear from wilful ignorance than we do from knowledge in this field."

Grant Lowery, one of Canada's outstanding street workers, protested in a memorandum to Laurie Purdy, the director of ARF's Metropolitan Toronto Region.

MEMO FROM GRANT LOWERY TO LAURIE PURDY

"It has been indicated by the research division that the facilities for laboratory analysis of drugs brought in from the street will be curtailed. I view this situation with dismay and some alarm.

"I feel that this service should not be discontinued for a number of reasons.

1. At present it is a basic means for obtaining factual information about the type and quality of drugs currently being sold on the street, e.g., that none of the samples reported to be mescaline were, in actual fact, mescaline, as was indicated by the analysis reports, etc.

2. It is needed especially as a basis for maintaining our credibility with the young people we are dealing with; i.e., the kids know that we are aware of what is happening in the city, and seem to be impressed that a government agency is that concerned and progressive that it is able to do this....

3. It could also prove to be useful for us in predicting trends and drug usage in various parts of the city and would, therefore, be helpful in preparing for needed services in these various geo-

graphical areas, e.g., in alerting hospitals and other professionals who are involved in this field of 'Youth and Drugs,' especially in terms of emergency situations, and also in terms of relevant drug education programs."

Subsequently the law was changed. And also subsequently, our staff, particularly Dr. Marshman, trained a number of personnel in other laboratories, notably those in the department of public health, in the procedures used to analyse drugs for unknown substances.

This was, I think, quite an innovative program of the Foundation's and an important one in light of the circumstances of the time.

Another innovative program began in 1970 when the Foundation introduced Operation Drug Alert Week with the Action Committee on Chemical Abuse and the Kiwanis Clubs of Stamford and Niagara Falls as co-organizers. This first such week, held in Niagara Falls, featured workshops and theme speeches in such areas as the law and chemical abuses, alcoholism treatment programs in industry, and development of community facilities, services, and attitudes. The specific programs were geared to lawyers, judges, police and probation officers, employer and labor representatives, and physicians, pharmacists, and health service personnel. There was also a public forum for interested parents of young people who might face the drug scene. Drug Alert Week became an annual and popular event, moving each year to different areas of the province, and a number of years later became a Canada-wide program.

REG SMART

The surveys of drug use by students were first developed in the mid-60s, a time of heavy drug use, or so people thought, in the school population.

We were approached by the Metropolitan Toronto board of education and decided to put together a study. At that time there were no such studies in Canada or elsewhere, so there wasn't any technology available for us to work from. We had to get it together ourselves, and in the first study we asked about various popular drugs such as cannabis, LSD, and heroin. The results of that study were of enormous interest, both to the school population and the general public, because it was the first of that sort. That

was first published in 1968. We repeated the survey in 1970 and 1972, and it became a sort of biennial survey. Then in 1977 we got more money for it, expanded it to the province as a whole, and it is still done every two years. It is the longest-running large survey of its type anywhere in the world. Health and Welfare Canada has used it to set guidelines for alcohol and drug surveys in Canada, and the technology has been used to develop a survey instrument with the World Health Organization.

The trends in drug use over the years? Well, in the first surveys in the late 1960s we saw a big increase in marijuana use for a few years, then it levelled off. If we look at the Ontario surveys since 1977, and if we look at the whole trend from 1977 to 1987, what we see is a large reduction in the use of illicit drugs, especially cannabis, and a small reduction in the use of alcohol. So 1977 and 1979 were the peak years of drug use in Ontario, and the trend is almost entirely either downward or it's on a plateau. There's no drug for which use is increasing. We've only been asking about cocaine since 1981. Although conviction statistics are going up for cocaine, use of cocaine has remained stable in high schools. Of course, high school students aren't a very large proportion of cocaine users.

About the time we at the Foundation first started to think about the likelihood of getting involved in the field of drug addiction, particularly heroin, Dr. Ken Ferguson called to my attention an article in the British medical journal, Lancet, *written by Lady Frankau. It was about her method of treating heroin addicts through the administration of heroin, and she claimed considerable success. This was, of course, a highly controversial treatment, even in the unusually tolerant U.K., because it represented a major departure from the main policy line followed by so many countries, namely a complete and total ban on heroin. We decided to set up a small conference at the Brock Hotel in Niagara Falls to examine the issues, with a feature presentation by Lady Frankau. The conference participants were selected carefully. We invited Robert Curran, legal advisor to the department of health and welfare and then head of the Canadian delegation to the United Nations' Commission on Narcotic Drugs. We also invited a senior representative of the RCMP, and Dr. Joe MacFarlane, dean of the medical school at U. of T., and Dr. Harold Ettinger on the medical side. In addition, there were some of our own staff scientists and physicians, including Bob Popham and Dr. Jack Holmes.*

Although the conference was closed to the public and the press, an enterprising reporter from the Toronto Telegram *slipped into the meeting room while we were all out to lunch and stole one of the papers—a paper that had been presented to a closed meeting of the Royal College of Physicians and Surgeons in which a number of physicians had been identified as addicts and over-prescribers of drugs for self-medicating purposes. This, of course, hit the headlines and we had a merry time trying to draw that "hot iron" out of the fire. We called the managing editor, explained the circumstances, and the story was withdrawn from later editions of the* Telegram. *But the damage had been done.*

Another outcome of that conference was that attention, both in Canada and in England, focused on Lady Frankau and her treatment methods. Subsequently, about 20 to 25 Canadian addicts migrated to England to be treated by her. A Toronto Telegram *reporter, stationed in Britain, became interested in Lady Frankau and her work, met with her on several occasions and with a number of the Canadian addicts, and wrote a series of leading stories in the* Toronto Telegram. *The articles glorified the "human approach" in England as compared with the "horrible" situation in Canada.*

A few years later, Lady Frankau was discredited and her licence to prescribe heroin in England was revoked. This action was due primarily to the fact that she was prescribing heroin in quantities in excess of need, and the addicts were allegedly selling the excess on the black market. My conclusion regarding Lady Frankau was that her intentions were excellent and beyond reproach, but her judgment in relation to the doses prescribed was faulty. She talked about "her addicts" in much the same way that a parent would talk about wayward daughters or sons, with both love and despair—and the "children" took full advantage of her.

There were also difficulties with heroin treatment here at the Foundation. The first clinic we set up to treat heroin addicts was staffed by a somewhat difficult group from the department of reform institutions (now the ministry of corrections) in Mimico, with the idea that we would acquire quickly people who had some experience in the narcotic field.

GUS OKI

You were looking for a research component, and partly because we were sociologists and we knew the street scene, you

asked Jim Giffen and me to talk to those Mimico people about what kind of research was necessary and what kind of questions should be examined. We met and we met and we met. Every overture that we made, they turned down. Their problem was a total over-identification with the addict. Any kind of inquiry represented an intrusion on their privacy and human rights.

HENRY SCHANKULA

The Mimico staff we acquired were disenchanted, they said, by the Mimico Reformatory experience because of the penal approach. But quickly after coming here, they began to establish a similar program with penal characteristics. I remember the compound over at Elizabeth Street and the practice of judo as a treatment philosophy. As a matter of fact, we bought a lot of equipment at the time from Frank Hatashita, who was a Canadian Olympic judo coach and director and is one of the highest-ranking judoka in North America (and whose daughter Lia became a valuable staff member in the Education Resources Division). But those were rather interesting times because we did have a lot of controversial dealings with the RCMP; they weren't enchanted with us teaching judo to narcotic addicts.

I was talking to one of the senior RCMP superintendents a few days ago. He was a "street narc" back in the 60s and he's now a fellow member of the Drug Education Coordinating Council. He was here a couple of weeks ago on a tour, and I discovered that he was on the street at the time we had the narcotic addiction unit. We talked about those days and we both agreed that the Foundation philosophy in terms of a treatment approach, and his philosophy in terms of an enforcement approach, were quite divergent at that time. But now, they are very close together. Now they are embracing education and some of the things they abhorred at the time, and we, in turn, seem to be embracing more and more an enforcement approach, which is ironic. If you only had had a crystal ball you could gaze into and see how close together we are now, it is really quite incredible.

Another member of the Narcotics Unit who had a falling out with the Foundation was Dr. Andrew Malcolm. For various reasons he became antagonistic, taking on the role of internal Foundation critic.

PAUL DEVENYI

I had a certain amount of sympathy for him because I was somewhat of a maverick myself—but I knew where to stop. Although you may voice certain complaints inside, you shouldn't repeat them on the outside. When you work for an organization there's a line. I always went to the edge, but at least I could stop. Andrew's trouble was that he went beyond the limits; he did not seem to know or care about the fine line between his personal interest and his responsibility to the organization. I think the Foundation was very generous to allow people to speak their minds. There was never a party-line, at least not in those days. I often took the opportunity to be a "shit disturber" myself. But Andrew went too far. It was sad, because I think he was a terrific guy: very stimulating, very amusing, very bright, and I thoroughly enjoyed his presence here.

It was an era fraught with turmoil.

A MINUTE OF A MEETING OF THE COMMITTEE OF THE PRIVY COUNCIL, 29TH MAY, 1969

"The Committee of the Privy Council have had before them a report from the Minister of National Health and Welfare, representing:

"That there is growing concern in Canada about the non-medical use of certain drugs and substances, particularly, those having sedative, stimulant, tranquillizing, or hallucinogenic properties, and the effect of such use on the individual and the social implications thereof;

"That within recent years, there has developed also the practice of inhaling the fumes of certain solvents having an hallucinogenic effect, and resulting in serious physical damage and a number of deaths, such solvents being found in certain household substances. Despite warnings and considerable publicity, this practice has developed among young people and can be said to be related to the use of drugs for other than medical purposes;

"That certain of these drugs and substances, including lysergic acid diethylamide (LSD), methamphetamines, commonly referred to as 'speed,' and certain others, have been made the subject of controlling or prohibiting legislation under the *Food and Drugs Act*, and cannabis (marijuana), has been a substance, the

possession of or trafficking in which has been prohibited under the *Narcotic Control Act*;

"That notwithstanding these measures and the competent enforcement thereof by the RCM Police and other enforcement bodies, the incidence of possession and use of these substances for non-medical purposes, has increased and the need for an investigation as to the cause of such increasing use has become imperative.

"The committee, therefore, on the recommendation of the Minister of National Health and Welfare, pursuant to Part I of the *Inquiries Act*, advise

> That inquiry be made into and concerning the factors underlying or relating to the non-medical use of the drugs and substances above described and that for this purpose a Commission of Inquiry be established...."

It was the above minute of the Privy Council that set in motion the Commission of Inquiry into the Non-Medical Use of Drugs, headed by Professor Gerald Le Dain, one of Canada's most outstanding lawyers. This was the government of Canada's official reaction to the country's need to re-examine and re-define the laws dealing with the use of psychoactive drugs. It was one of the most comprehensive and intensive official inquiries into the subject of non-medical drug use that has ever been undertaken in Canada or in any other country, and much of the report is relevant to this day. Disagreement among the commissioners about what kind of legal control should be applied to marijuana led to two minority reports, but the main report is still an excellent reference document. When I was invited to conduct a royal commission inquiry into drugs and alcohol problems in Bermuda in 1983, I asked Gerald Le Dain for advice. His reply: "I have one piece of advice for you, David. Make sure that you are a commission of one." It was good advice and I acted on it.*

The Foundation was substantially involved in the inquiry. Senior staff met with Professor Le Dain and his four fellow commissioners to suggest areas of inquiry and methods of approach. We commended the commission, first of all, on its choice of the phrase "non-medical use" of drugs, noting that the term was not strongly

* Professor Le Dain was later appointed to the Supreme Court of Canada.

derogatory—in fact, that it was a commendably open-minded beginning for an important inquiry. We pointed out to them that much of the information they would receive, even some from scientific sources, would no doubt be highly partisan. Therefore, it was important that the commission should adhere closely to this open-minded tenor of its terms of reference to perceive the real meaning of what was presented to it.

Another block to communication, we told the commissioners, would be the understandable reluctance many users would have about discussing their activities, attitudes, and values because of the illegality of what they were doing. Despite the commission's provision for recording evidence without identification of witnesses, there would be fear of subsequent harassment, and many young people would find it difficult to express themselves in circumstances of official formality. We suggested the commissioners not confine themselves to receiving, as a body, such presentations, but expose themselves individually to the thinking of various types of drug users. We offered to have Foundation staff arrange informal situations so that individual commissioners could meet and talk informally with drug users and the people who worked directly with them. Those are just two of the many points we made.

One of the Foundation's responses to the Le Dain Commission Report was the book Drugs, Society and Personal Choice *written by Dr. Harold Kalant and Dr. Oriana Josseau Kalant, who was head of the ARF's documentation section.*

HAROLD AND ORIANA KALANT

"In April 1970, the commission submitted its interim report covering in detail its findings during a review of the published work on the nature of the drugs used and their effects, the extent and patterns of drug use in Canada, and the history of Canadian law with respect to drug use. In addition, they presented preliminary findings from their public hearings across Canada concerning the motives for and causes of drug use. This interim report, which is a remarkable document to have been prepared in so short a time, was published with one major purpose—to stimulate a vigorous and well-informed public discussion of the whole subject.

"The subject of drug use and the attitudes of society toward it is an intensely complex one in which there are no simple an-

swers. The staff of the Addiction Research Foundation believe that there is need for a thorough public discussion of the basic issues, rather than of the politics and personalities surrounding them. In general, what has been said or written publicly has failed to lay the basis for the formation of a reasoned and comprehensive policy toward drug use; and it is the purpose of this book to suggest ways in which such a basis may be sought.

"Two major points will be developed. The first is that the reaction to questions concerning drug use cannot be determined by scientific knowledge alone. Science can discover facts concerning the acute actions of drugs and the consequences of prolonged or heavy use. Scientific investigation can also reveal something about the extent of use, the factors which determine this extent, and the probable consequences of changes in these factors. However, decisions as to whether these effects or consequences are to be considered good or bad and how society should react toward them fall not in the area of scientific fact but rather in the fields of personal and social values, ethics, and political feasibility.

"The second point is that every decision or action taken by any society has consequences which go beyond the immediate effect that was intended. No advantage or benefit is ever obtained without some cost. This does not mean merely cost in dollars and cents: it also means cost as measured in terms of the functioning of society and the happiness of its members. Reasonable decision-making on social or political policies should take these costs into account by attempting a balance of the value of what is to be gained and the cost to be incurred. Often the costs lie in the future and cannot be predicted easily. Scientific knowledge can help in estimating these, but in relation to the drug question it must be a very wide range of knowledge obtained from all the branches of medical, behavioral, and social science, as well as from history and political experience. With the help of our colleagues in the Addiction Research Foundation we have attempted to draw on all this knowledge in analyzing the issues relating to drugs and society.

"It is up to every citizen to learn as much as he can about the facts and then to make up his own mind about the value judgments which he will place upon them. If enough citizens go through such a process of learning and evaluation, then society as a whole is in a position to make informed decisions about the policies which it wants government to adopt....

which it wants government to adopt....

"The purpose of the present book is to put into as sharp a focus as possible for the general public those things which are questions of fact, those which are matters for value judgment, and the ways in which the two interact. It is our hope that the book will encourage the type of discussion which the topic fully deserves." (Preface, *Drugs, Society and Personal Choice*)

The Kalants donated the royalties from Drugs, Society and Personal Choice *to the Foundation to set up a small museum of alcohol and drug artifacts at its headquarters at 33 Russell Street.*

WHERE THE ACTION IS
Developing Regional Programs

A general philosophy and policy of the Foundation in the development of regional and local branch operations was to establish strong local committees. Our reasoning was that such committees, composed of local community leaders and representing various sectors of the community, would be in the best position to determine the kind of program to develop for their area. As well, we believed they would be one of the best educational influences and would provide credibility for the Foundation's work, but also, and in particular, for the field of alcohol and drug dependence. Not least, a local committee would enhance political support for the Foundation and its programs.

To see that this political input occurred, the members of the local committees and the branch and regional directors were encouraged to develop and maintain contact with local members of the provincial legislature to ensure that they, in turn, were well informed about the work of the Foundation and about the field generally. On occasion, questions or issues which the local MLA might wish to raise in the legislature were suggested. The members of the legislature were viewed as important "educators"—and therefore an important target for the Foundation to educate.

In the early period, the regional centres were planned only for areas in which a university was located. This was in keeping with the Foundation's central role in the development of research and its investigative and teaching responsibilities. I remember distinctly an editorial that appeared in the Windsor Star *following a speech I gave in that area which let me know in quite specific terms that Assumption College (which, I had observed at that time, was not a university) was* de facto *sufficient to qualify for a program within the policies I had enunciated.*

During the frantic 60s and early 70s, and in response to the drug panic, the original policy established by the Foundation had

to be amended. The Foundation was under extreme pressure from the government, and from communities around Ontario, to expand rapidly and provide program leadership in a large number of communities. In every instance, it was stipulated that a local committee had to be formed to work with a local director who would be provided by the Foundation. In a number of instances, the local committee was asked to advise on the appointment of the director for their community program.

LAVADA PINDER

What we in regional programs were always attempting to do was to fulfil that part of the mandate having to do with serving the people of Ontario. While the Foundation probably is best known for some of its other activities such as research, particularly internationally, those of us who worked in the regions felt very strongly about what was really important. At that time we used the term "drug-hurt people." It was the drug-hurt people who mattered.

JOHN NEILSON

It is a matter of constituency, this business of the relationship between the branches and regions and head office. We recognized that the organization had international stature which the scientists had achieved for it, and we felt that was important and extremely useful to us in terms of our local operations. But I guess we felt we still had to fight to be able to deliver services to the "people of Ontario," as I'm sure you've heard us say so many times. And, I think that while that was always the issue, it was also a dynamic factor. The more we felt this need to fight to maintain our delivery of services to the people of Ontario, the more thought and care we put into our work. One result was that most of the people of my era, and up until at least the latter part of the 70s, were extremely well trained compared to anybody else in any other type of health or welfare organization. I think that was a part of the discipline that grew out of that sort of, not warfare but continuing discussions between the regions and head office. The issue was to try to maintain a reasonable balance I guess between, first of all, the scientific and international thrust of the organization and then the sort of basic grass-roots operation which was represented in the regions.

CHARLES AHARAN

I opened the first branch of the Foundation, in London, back in the early 50s. The first thing I did was rent an office on Queen's Avenue, near the centre of the city and pretty cheap. Things had to be pretty cheap; there wasn't a lot of money. It didn't have any furniture for quite a while. I remember, though, that when I did get together a list of furniture, I had to come down to Toronto to go over it with you. I'm sort of embarrassed to recall this but I had a chair for myself, an office chair, that was only slightly less ostentatious than a throne. You vetoed that. The next thing I did was to get staff. Murray Hoover, a physician, was the first staff person, and we eventually grew to a staff of 40, with a large community development component. From the beginning I wanted to be involved in treatment. So we started seeing people almost from the start. Our program in London, however, was not a narrowly based alcoholism or substance abuse program. It became integrated into the network of social welfare and health services in the community, and we eventually were seconding people to the rescue mission and lending staff to the Ontario hospital and being involved with the family service bureau, and training of the police, and so on.

JOHN NEILSON

When I first came to Ottawa in 1957 there was just a little clinic on Metcalfe Street and two beds, when they were available, in the old Ottawa General Hospital. That was the only service besides Alcoholics Anonymous for people with alcohol problems. Now, if you look in a directory of health and welfare services in the community you will find 15 to 20 different types of halfway houses or recovery homes, a great variety of clinical services, a hospital-based inpatient program. We contributed to that—often very directly in terms of getting those things started.

DIANE HOBBS

It was while I was at the treatment centre at 24 Harbord that the St. Clair Region was going to open, and Lou Bennet was appointed regional director. He came to 24 Harbord Street for

orientation. That wasn't uncommon. In fact, when Bas Scully was appointed to open the Sudbury office, Bas came to 24 Harbord Street for orientation. So, I had a lot of fun learning about regional programs through their divisional directors, and how communities viewed a new agency for addictions. Bas told the story of going to buy gas one day and the fellow in the car behind said to the gas attendant, "Do you know Scully very well?" And he said, "yes." The fellow said, "I thought I did too, but I never knew he was an alcoholic."

Lou Bennet had the notion that he was going to help the communities in St. Clair region develop treatment services for alcoholics and drug addicts but not get the ARF branch into direct treatment. This was the first venture at community development on a large scale. Until that time, I really thought that if you wanted to work with an addict you had to do it in a special ward. I was quite convinced that, at least in a hospital, you had to have a special unit. You couldn't expect ordinary nurses or health professionals to care for them. But Lou convinced me that it was possible to teach people that alcoholics were no different than anybody else. You use the same principles of care. And he convinced me to come to Windsor as a community consultant. So I was nursing consultant from 1967 to 1970 in Lake St. Clair Region.

JOHN NEILSON

I set down a policy for the Ottawa branch and eventually for the eastern region that any time spent by our staff on direct services to patients had to be matched by equal time spent in community development work to build services outside the Foundation. An awful lot of it was training people in other agencies so that they could provide services to people with addictions problems. We—meaning regional programs throughout the province—have written hundreds of proposals for other organizations to apply for funding for recovery homes, halfway houses, or various other services. Not proposals to the Foundation but to the ministry of health, to community and social services, and so on. This was another way that we helped get programs developed outside of the organization. However, it wasn't until later on in the 70s that we removed ourselves completely from clinical operations.

CHARLES AHARAN

At the time I left we had a very large outpatient clinic, a large community development component, a research component headed by Dr. John Partington, professional training, and a big clinical program. Paul Whitehead and I did a pretty big study with the entire high school population in London. We arranged with every high school that a questionnaire be administered to all the students at the same time, on the same day. We got the entire student population of the high schools—12,000 kids—to answer an alcohol and drug questionnaire in one day, as a matter of fact in one hour.

We really had a good "in" with education. One of the strategies I used was the seconding or appointing of people. They were called community liaison people and I assigned one to the board of education and others to various other target groups. So we developed a good relationship with the board of education. We also did workshops with the teachers in their schools. Instead of coming in and giving speeches to students at assemblies, we would give workshops to teachers and explore with them why they didn't like to deal with the question of drugs and alcohol. It was a strategy that paid off because it provided us with very direct liaisons and relationships with people we wanted to reach in the community.

We also had a pretty high-powered regional board in London—a lot of high-powered businessmen, a city alderwoman, and Ed Hobbs, chairman of the department of psychiatry at the University of Western Ontario. It was the connection with Dr. Hobbs, for example, that resulted in us having psychiatric residents working with us for six months. I must have been the only psychologist in charge of training psychiatric residents back in the 50s and writing reports on them, too, which was even better. It gave my already inflated ego quite a boost. We also had the chief of police, Walter Johnston, a very progressive police officer. Particularly during the drug crisis in the 60s, having Walter on our board was a great help. Sometimes kids who were in trouble were victimized by some of the tactics of undercover policemen. Having access to the chief of police to talk about such problems was great. Another reason the regional board was important to us was political. It helped that our local member knew what the Foundation was all about. Shortly after I left, the Foundation got rid of the regional boards. I think it was a great pity.

GORDON PATRICK

It was 1958 when I came on staff. The city of Hamilton was interested in developing a treatment, education, and research program in cooperation with the Foundation. As I understand it, the city was willing to put up some money—$40,000, I think—to entice the Foundation to try this community-based alcoholism project as an experiment. There had been a series of letters to the editor of the *Hamilton Spectator* from people who had tragic stories of drinking in the family and helplessness and so on that had aroused the concern of city council. My first task, or course, was to follow your policy and bring a group of prominent citizens together—a small board for the Foundation's Hamilton branch—to make sure we were doing things that were suitable for Hamilton, and to act responsibly about the money the city had contributed to the Foundation for this purpose. The first person I met with was Bill Parker—he's now a supreme court judge—and he was willing to head up a committee of prominent citizens and help me recruit appropriate people. I spent many hours in his office. He was a fantastically able person, very helpful and very sensitive. We developed a group of prominent citizens, nicely balanced to represent different segments of the population—some from industry, some from the unions, for example, and the minister of Westmount United Church on the McMaster University campus, Reverend Tom Davies. He was a real tower of strength, along with D.F. Hassell, vice-president of Dofasco. And so was Lloyd Jackson, just fantastic as mayor. It was great. He was the local gatekeeper. I was getting all sorts of static, a lot from AA people, which was very normal for that time. And then there were the Temperance people who couldn't figure out why we were spending good money on those drunks. I could pick up the phone and say, "Lloyd, I am having this trouble," and he would say, "Leave it with me, Gord."

BAS SCULLY

The Northeastern Region was a departure in terms of organization for the Foundation. Up to that point, the branches had been set up in communities—in Ottawa, London, and Hamilton, for example. This was the first *regional* program, and it utilized the centre concept—the structure of individual centres in key communities, around which things could be made to happen. It

opened in 1965 with headquarters in Sudbury. Later, we opened offices in Sault Ste. Marie, North Bay, Timmins, Orillia, and Kenora, and by 1968 we were calling it the Northern Programs Region.

Ted Gaetz, who was vice-president and general manager of International Nickel, was the first chairman of the board of trustees (later Mr. Gaetz was chairman of the members of the Foundation). He assembled a very impressive board. Initially there was Jimmy Hinds, who was a lawyer, Bob Maranger, a local lawyer who is now a judge, Dr. Jack Stanyon from International Nickel Company, Bruce Seli, and Gord Allen, the head of Falconbridge Operations.*

I was impressed. Gaetz said to me, "We have decided that first and foremost what we need is a regional director who has a background in public relations and organizational work. What you've got to do, if you undertake this, is meet with the leaders of the communities in northeastern Ontario and persuade them to become a part of whatever it is we are going to do." So he had a concept, which I presume came from Dave Archibald, that community development would be simply that—the development of management resources within the communities. It would have been impossible for somebody in an office or clinic in Sudbury to deal with a problem in Timmins or Kapuskasing or Sault Ste. Marie or North Bay.

Besides local boards, we also established what we called an addictions council. Everybody who was involved in any way—the police, health units, the medical fraternity, psychiatrists, the department of community and social services, halfway houses—was invited to send a representative. The media were always welcome to sit in. We had nothing to hide. We would say, "Okay, this part of our program is not functioning correctly because..." for whatever reason. For example, let's take the question of detoxication. Detox was an established component in our program, as were medical and psychiatric assessments. But after detox, after the delirium tremens was no longer a threat, where do we go from there? I remember saying "I thought we had that nailed down, but we don't." Everybody would then contribute ideas and eventually the derailment would be resolved and taken care of. One that we

* Tragically, Gordon Allen was killed when his company plane struck a tower in Barrie when he and other senior members of his company were flying to Toronto.

never achieved to my satisfaction, even though we had a whack at it one time, was the long-term rehab.

We tried to establish something similar to the Bon Accord farm at Elora, where chronic offenders could go and stay two years if they wanted to, away from the environment that was creating the pressures that resulted in their abuse of whatever chemicals they were on. We had a furniture factory up near Monteith, in the vicinity of Cochrane. That was one of Paul Humphries' major contributions. They turned out some beautiful furniture, early Canadian pine furniture. Beautiful stuff. They had a very experienced and knowledgeable guy there who set up the machinery and showed these guys how to use it. We were shipping fairly substantial bunches of this furniture down to the farm at Elora where you had the retail outlet. So it was pretty well paying its way, but local jealousies and conflicts kept getting in the way. There was trouble with the union, and there was trouble with some of the communities who said, "We don't want this collection of alcoholics in our backyard." But those people who are not the kind to relate to an organization like AA—an organization I have every respect for—have to go from chronic intoxication by way of the detox unit through whatever other assistance programs may be required and eventually, where it is essential or desirable, into a long-term facility. In most programs that component doesn't exist because it's difficult to establish and it's difficult to get funding for. But a long-term recovery component is necessary for the alcoholic and drug abuser—I mean the real chronic ones. If there is going to be any chance for a recovery, they have to get out of the rat race while they're readjusting to urban life. I was horrified when I heard that Burwash Industrial Farm, just south of us here, was being phased out of existence by the department of reform institutions. Here was a place where you could go for anywhere up to two years less a day. Regularly, every October—that is, just before winter hit us—there would be a rash of broken windows in the area. The magistrate would sentence the guys to six months in Burwash, knowing full well that that's exactly what they needed and what they wanted. These homeless people would then go down there, and, for the first time that year, they had regular meals, good food, a warm bed to sleep in, medical services, and an opportunity to work on the farm, because it was a working farm. They grew their own food, they even had a herd of buffalo down there. It paid for itself. When they came out of Burwash six months later, they were in marvellous

shape. They had been protected, and relieved of any personal responsibility, a characteristic which I think is lacking in the make-up of those kinds of non-coping people. And yet we turfed it out. Blithely the powers that be decided Burwash should go by the board, and so it went. And it didn't cost anybody anything.

IN THE WORKPLACE AND ON THE STREET
Employee Assistance and RIDE

From the very beginning the Foundation was interested in working with industry and the employed alcoholic. I remember having a long discussion with Ralph "Lefty" Henderson at the Yale Center for Alcohol Studies. "Lefty" was a recovered alcoholic and the industrial consultant with the Yale Center from 1948 until 1958. He was a great orator and very persuasive man. His considerable energy was directed towards influencing companies to take positive rehabilitative action towards their problem-drinking employees, and he convinced me back in 1948 that the industrial route was a much more promising way to treat alcohol problems than were the traditional methods.

The 1951 annual report, however, indicates that of 1,506 inquiries to the Foundation, only 57 were from industry or other employers; of 344 referrals to our Brookside Clinic in Erindale, only nine were from industry/employers. Major progress occurred after Bob Gibbins' survey of Frontenac County in 1951 indicated that 50 percent of known alcoholics were employed people. This gave us the necessary Canadian data to pursue a thrust into the industrial community. Also, as statistics accumulated from our treatment units, we learned that 60 to 70 percent of those seen were employed. We estimated that up to six percent of the employed population had alcohol problems.

Because we felt that the ultimate responsibility for dealing with alcoholism rested with the community as a whole, the Foundation's role being one of assistance through research, education, and treatment, the industrial community seemed an excellent resource to utilize, particularly when companies like Bell Telephone, Ontario Hydro, Imperial Oil, and Eastman Kodak were already taking action on their own.

In 1953, the first two-day Institute on Alcoholism in Industry was held in Ottawa. Interest in the issue was demonstrated by the attendance of 140 personnel officers and other industrial execu-

tives, and various health professionals. In 1954, the Foundation followed this up with the first of a projected series of executive newsletters about alcoholism, directed to personnel managers. The Personnel Association of Ontario agreed to include it with its mailings to its 650 members.

More intensive efforts took place in the 1960s. After a repeat survey of Frontenac County in 1961 again indicated that 50 percent of known alcoholics were employed, we developed a specific strategy of intervention with the workplace community. Since employers weren't coming to us for help with a program, we went to them. In effect, we created a need rather than responding to one. In the initial stages, the method was to have senior Foundation staff and experienced community members promote the concept of workplace alcoholism programs to senior company representatives. In 1962, we hired an industrial services consultant, E.G. Hildebrand, a former executive with Bell Telephone, and an industrial medical consultant, Dr. R.G. Birrell, Imperial Oil's former medical director, to stimulate an understanding among industrial people regarding what could and should be done about the alcoholic employee. With their corporate backgrounds, they related to industry in a way industry understood and valued.

Their principal efforts were directed toward top management of large companies, with the intention of having them introduce a policy on alcoholism and a treatment program, and then working with Foundation research staff to evaluate the effectiveness of the program. Presidents or chief executive officers of large corporations—no one below this level—were invited to attend a series of three private mid-afternoon-through-dinner meetings held at the University of Toronto's faculty club, with no more than 10 companies per session. Senior Foundation staff presented various aspects of alcoholism, as did a respected and highly credible industrial physician. Industry doctors played a strong role in promoting company alcoholism programs. Key among them were Dr. Harvey Cruickshank and Dr. Pete Baillie of Bell Telephone, Dr. Donald Grant of Ontario Hydro, and indirectly Dr. Jack Norris of Eastman Kodak in the U.S., through his influence with Kodak Canada.

Members of the Foundation's board also played an influential role. Many board members were people of influence in large organizations and through their contacts they could promote their organizations' acceptance of a new and positive method of dealing with alcoholism. In the early days, company alcoholism programs most often developed because of the influence, commitment, and per-

suasiveness of particular individuals.

Based largely on the experience of industries with programs claiming satisfactory results, the Foundation developed an outline to set up an alcoholism program. But it became obvious that we needed a demonstration treatment unit operating on a basis consistent with the program that industry was being asked to adopt. This resulted in the purchase of 8 May Street.

The building was located in Toronto's Rosedale district and was purchased in 1966. It had been a private home but in 1943 had been bought and converted into a private hospital (Delmaney Hospital). The location and elegant building enabled us to relate to industry on a particular level and to demonstrate that the employed alcoholic was deserving of not only care, but also care in "dignified" surroundings. This legitimized the approach to industry. Earl Patton, a retired executive of Bell Canada, was hired to direct the 8 May Street program when it opened in 1969.

LAVADA PINDER

The Foundation has been, I think, probably the leader in Canada with regard to EAP. Right now, the Health Promotion Directorate of the department of national health and welfare* has quite a big project with the Addiction Research Foundation—with Martin Shain and his group—combining health promotion and employee assistance. A needs assessment, target groups, and a variety of interventions have been developed, and there are five pilot programs around the province. You see, these programs which were very much regional enterprises have not gone away. When one looks at the kinds of things that have stood the test of time, that most certainly is one of them.

One particularly interesting and important employee assistance program we were involved in was with the Canadian forces air base in North Bay. It was the first time the Canadian armed forces had acknowledged a need for a formal alcohol assistance policy, and I still have the letter they sent me outlining the policy they were about to adopt regarding alcoholism treatment. It is an adaptation of the policy the Foundation had been recommending.

* Lavada Pinder is now director general of the Health Promotion Directorate.

BAS SCULLY

About a year, maybe a year-and-a-half, after setting up the program in North Bay, Joe Brazeau phoned me and said, "Guess what? We've been asked to put together a program for Canadian Forces Europe, so I guess they liked what we did in North Bay." I said, "Marvellous, great. But we don't go anywhere without permission from the executive director, so this will have to be sorted out. In the meantime, put together what you consider to be the major and most successful components of your program with the North Bay group and that's what we'll finally hang together to take overseas—providing we go." I went to Toronto to talk to you. You recited the litany of failures that you had had with the authorities in Ottawa regarding participation in anything that would have a more national impact, and the number of times that we, the Foundation, had gone there and said, "Please help us, this is more your area of jurisdiction than ours,"—the Kenora experience being one case in point because of the involvement of native people. Anyway, when you concluded, you laughed at the sad look on my face and said, "Look, go and have a good time and do a hell of a job," or something to that effect. So I happily marched out of your office and called back to North Bay and said, "Get your boots and hats on, we're going to Europe." Within a short while the authorization came from Ottawa. The air force flew us over. There were five of us. From North Bay, there was Ron Laing, Joe Brazeau, and an AA buddy of Joe's who broke down any resistance there might have been among the servicemen by saying something like, "You know, my problem in the morning when I woke up was whether I puked first and then brushed my teeth or whether I brushed my teeth and then puked." This was something a lot of those boys could identify with very readily. The amount of available alcohol on these bases was unbelievable. I recall that gallon bottles of Canadian Club sold in the canteen for something like $7. The problems were very obvious, and not just with the servicemen but with their wives and children, as well. Anyway, we did our thing. John Caldwell was also with us because of his involvement with EAP. There was one other person—Lucien Mageau, who joined us later on. The Van Doos were over there as a unit so he did the same program in French for them. The experience proved to be rewarding in many respects, not the least of which was the appreciation of the service personnel who were responsible for seeing that everything stayed on an even keel.

As with employee assistance programming, the Foundation also took an early interest in the drinking and driving problem. In fact, when John Foote hired me in 1949 as research director for the Liquor Control Board, one of the first pieces of research I undertook was a study of alcohol traffic laws and procedures in Canada and Europe, with special reference to Scandinavia. That study was in collaboration with the late Dr. Ward Smith, who was then at the department of pharmacology at U. of T. He was later invited by the department of the attorney general to develop the first medico-legal laboratory in the province. One of the students working on the study was Bob Popham. In 1950, Ward Smith and I published A Survey of Methods of Dealing with the Alcohol and Traffic Problem. *A number of the conclusions we reached are interesting in light of a program which the Foundation introduced 27 years later.*

"A SURVEY OF METHODS"

"Are chemical tests necessary?

"Evidence indicates that the number of drivers (per 100,000 vehicles) convicted of driving while under the influence of alcohol is greater in cities where chemical tests are routinely used than in cities where tests are not used. In the latter cities, the lower incidence of convictions (of drivers influenced by alcohol) may be explained in at least two ways. Either there are fewer drinking drivers in these cities, or the legislation and its enforcement is not as effective. Independent surveys of traffic problems in France, England, and Canada indicate that there are probably as many drivers (per 100,000 vehicles) affected by alcohol in these countries as in those in which chemical tests are routinely used (e.g., Denmark).

"This evidence, which is in agreement with all of the theoretical considerations, indicates that legislation, and its enforcement, dealing with drivers affected by alcohol is more effective when chemical tests are applied routinely.

"What is the role of chemical tests in legislation (and enforcement) dealing with drivers affected by alcohol?

"Enforcement procedures, to be effective, *must* make use of chemical tests to determine the concentration of alcohol in a driver's blood. The only way this concentration can be accurately determined is by chemical methods, since clinical examination, even by the best physicians, sometimes fails to differentiate between the effects of alcohol and the effects of other drugs or

conditions such as insulin shock, concussion, etc....

"In some states of the U.S.A. (e.g., Michigan), breath samples are used for an indirect determination of alcohol in the blood. On the one hand, breath samples are so easy to obtain that refusal to provide one may be considered as evidence of guilt. On the other hand, breath samples do not yield as precise an estimate of the amount of alcohol in the person's system as do blood samples. Nevertheless, breath samples are sufficiently precise to support a clinical diagnosis of a degree of alcoholic influence, and this method could be used in Canada as an effective aid to law enforcement.

"Does effective legislation and enforcement materially reduce the alcohol and traffic problem?

"In Norway, where there has been effective legislation and enforcement for 14 years, the incidence of accidents, the number of drivers convicted, and the percentage of drivers convicted for intoxication has not been significantly altered.

"It would appear that effective legislation and enforcement is not the ultimate solution to the problem of alcohol and traffic. No doubt an efficiently administered law is a major step toward the solution of this problem. However, it appears that other steps are also necessary. The direction of these steps may be revealed by further research.

"Is education necessary?

"In 22 countries, some program of education relating to alcohol and traffic is present. In 14 of these countries, education is primarily by private organizations, and in 16 countries there is some form of government participation. In eight countries, education is sponsored or supported by both private and governmental organizations.

"Statistical trends to indicate the effectiveness of these programs are not immediately available. In principle, however, an educational program must be considered as part of any effort to solve the problems of alcohol and traffic. Such a program should have at least three features. It should be based on facts derived from scientific research. It should be continuous, and not confined to problem periods such as Christmas and New Year's. It should be coordinated with any existing program of alcohol-traffic education. A program lacking in any of these three essentials will inevitably fall short of the goal to be obtained."

In 1977, the Foundation introduced RIDE. The acronym stood for Reduce Impaired Driving in Etobicoke, a borough of Toronto where the first program was tested. "Etobicoke" has since been expanded to "Everywhere" because the program has spread throughout Ontario and across Canada. ARF community consultants, principally Al Nield, and Pam Ennis, a psychologist with the Foundation's prevention studies department, set up the first one, in conjunction with the Metropolitan Toronto police and the Etobicoke safety council. Dr. Evelyn Vingilis who now heads up the RIDE studies describes what it is about.

EVELYN VINGILIS

The RIDE program is based on the model of general deterrence, a term used to describe the preventive effect that actual or threatened punishment has upon potential offenders. From the drinking-driver perspective, it is assumed that the threat of fines, imprisonment, and loss of drivers' licences will affect drivers' decisions as to whether or not they should drink and drive. Yet it must be realized that not only are the penalties *per se* important, but the individual's perception of his or her probability of being detected while drinking and driving is of crucial importance for deterrence to be effective.

Special police cars with portable RIDE signs inform motorists that spot checks are in progress. The officers randomly stop motorists and ask for the driver's licence and often for proof of insurance or registration. At times, officers may radio in to police headquarters to determine whether the stopped motorist has any outstanding charges or fines.

If the officer suspects the driver has been drinking, the driver is asked to take a test with the ALERT (Alcohol Level Evaluation Roadside Tester) device; a "failure" on the roadside test corresponds to over 80 mg per 100 mL of fluid (the blood alcohol level over which it is illegal in Canada to drive). In these cases, the drivers are taken to police headquarters for a breathalyser test, as only the readings from this more sensitive instrument are admissible as evidence. In the first program in Etobicoke 132,550 cars were stopped in the first 12 months and ALERT tests were administered to only 1,579 drivers— 1.1 percent of all drivers stopped.

Generally, the entire spot check procedure takes a few minutes and few motorists are required to provide a breath sample or are charged with drinking-driving infractions. However, it is not the goal of the program to produce massive increases in the arrest rate. Rather, it is felt that it is more beneficial to contact as many people as possible through these spot checks, so that a large sector of potential drinking-drivers might be deterred from combining these two activities in the future.

Because of an organized publicity campaign, much media coverage was generated by the first RIDE program– some we did not bargain for. A well-known Canadian singer made the second page of the *Toronto Star* because of his arrest in a RIDE spot check.

In 1980, RIDE was declared illegal. Results of the RIDE program, however, were used by the then attorney general of Ontario, Roy McMurtry, to introduce new legislation to legalize the RIDE program. This new Bill also introduced the 12-hour licence suspension for drivers who registered above the legal limit of .05 percent.

The *Charter of Rights* also tested the RIDE program. The Foundation produced a document for the Ontario Court of Appeal highlighting the importance of roadside screening devices and spot check programs. In March 1986, the constitutionality of Section 234.1 of the *Criminal Code* was upheld.

With the expansion of the RIDE program throughout Ontario, and with high media interest, new laws provincially and federally, and the emergence of grassroots groups such as People to Reduce Impaired Driving Everywhere, we have seen a decline in alcohol-related driver fatalities in the last number of years. RIDE is an example of how research, public relations, and programming can, together, contribute to the reduction of a major public health problem.

SOME OF THE RESEARCH THAT HAD A MAJOR IMPACT ON THE FIELD

A special line of research that changed the pattern of thinking in the field internationally was the examination over more than 20 years of the relationship between the availability of alcohol and associated health problems. When a direct relationship between the two indices became clear, a logical move was to examine the kinds of liquor control policies that might successfully reduce the per capita consumption of alcohol.

In 1960, Harold Greer, a very able investigative reporter with the Globe and Mail, *published a full-page report illustrating the relationship between the availability of alcohol and cirrhosis mortality. This suggestion was quickly picked up by our research director, Jack Seeley. In his classic paper he did a systematic study of the effect of "relative" price of alcohol beverages on cirrhosis mortality.*

It was a major shift in thinking. Before this, the chief influence on the field had been "the disease concept." It suggested strongly that the cause of alcoholism was not so much alcohol as it was some abnormality in the individual drinking it.

WOLF SCHMIDT

One should call it the "reign of the disease concept." The field was just in the process of freeing itself from a purely moralistic base. And this disease notion became a legitimate way to rid oneself from that moralistic, Puritan aspect. To do otherwise at the time—to link the availability of alcohol with the prevalence of alcohol problems—would have placed us smack in the Temperance camp. So understandably, we exploited and in a way strengthened the disease concept, which was obviously useful at that time. It had an important influence on developing a clinical ap-

proach to the problem. I don't believe at that time one would have been able to maintain a costly research operation without a clinical operation. Politically and practically, the disease concept was necessary because the clinical operations were the core, at least politically speaking, of the alcohol field. They provided us the opportunity of establishing, in essence, a research department in its own right. The disease concept also made liberalization of the control system possible. So, on the one hand, it helped us greatly by releasing us from a moralistic base, but on the other, it made possible the initiation of the trends which we feel now are not necessarily healthy. You must look at it with both of these things in mind. The fact that the concept was eventually replaced doesn't mean that it didn't have a very useful function at the time. It's not enough to think in terms of right or wrong, but in terms of its usefulness as a theoretical framework for one's research. So I think of it not as an error, but in a historical context, as a starting point from which we all grew. To break away from the disease concept was one of the important things that happened in this Foundation.

JACK SEELEY

The exploration of the relationship between alcohol availability and associated health problems was an intellectual answer to what was being said at the time. Prior studies showed that when you raised the price of alcohol, the drinking went down for a while, then went up again. Price-raising was considered a pointless procedure. But what had been overlooked was that this took no account of inflation. Nor did it take account of the fact that people make buying judgments on the basis of their available income rather than on absolute price. What we did was relativize liquor prices to average income, and that revealed dramatic outcomes statistically—in some cases, .98 or .99 correlations when you plotted the price of alcohol against the liver cirrhosis death rate on one side and against the consumption of alcohol on the other. In all of the jurisdictions we studied at that time, as the governments imposed taxes and the relative price increased, then the death rate from cirrhosis of the liver decreased. The consumption of alcohol would go down, and, by the same proportion, the liver cirrhosis death rate would fall. All these first studies were done by hand, and they now reside in the Virchov-Archiv in Vienna—a signal honor for us: ARF and you and me.

This line of research was later pursued vigorously by Wolf Schmidt, Jan DeLint, and Bob Popham. It was undertaken initially as a result of Schmidt's meeting and discussions with a French scientist—Sully Ledermann.

WOLF SCHMIDT

For me, the crucial thing was in 1964 at the International Council on Alcohol and Alcoholism Conference in Frankfurt when Ledermann presented his paper. His paper had not been translated until then and consequently we were not aware of its implications. But, listening to him, I suddenly began to realize that there was something unique being said. I had the sense of an event. I introduced myself afterwards and we went for lunch at the Frankfurter Hof Hotel. I spent the afternoon with him and came back with the strong feeling that a fundamental line of research should be undertaken.

In the meantime, Jan DeLint was doing a study which involved systematically reviewing slips that purchasers had to sign at the Liquor Control Board to obtain alcohol beverages. He had been concentrating on the consumption of wine, and as soon as we had enough data we began to examine how well the data fitted with the Ledermann concept. It fitted very well. And that is how we began our rethinking: one cannot ignore the sales volume in considering prevalence of alcoholism in a community. A landmark paper, which was largely Bob Popham's doing, was published in the late 60s on the effect of legal restraint on consumption and alcohol problems. That was the first major systematic attempt to link all of this into one concept.

But this idea was rejected by a large section of the alcohol world, which was still operating exclusively on the disease concept—that alcoholism is in the person, *not in the* bottle, *and therefore there is no point in considering the relationship between availability and alcohol problems. They were seen as completely separate issues.*

The Yale group, for example, couldn't accept the concept—perhaps, in part, because they were rather closely associated at this time with the alcohol beverage industry in the U.S. Many people had a very deep vested interest in the concept of alcoholism as a disease. They couldn't afford to consider a relationship between

alcoholism and the availability of alcohol. The alcohol industry, not surprisingly, was particularly hostile and began systematically to attack the Foundation, calling us "the evil on [their] horizon." Many clinicians, particularly the behaviorists, i.e., psychologists and psychiatrists, rejected the notion. On the other hand, public health physicians and personnel accepted the concept easily. Their theoretical framework automatically assumed a direct relationship between an agent (alcohol) and a host (a consumer).

WOLF SCHMIDT

The Temperance people, of course, were delighted. And justifiably so. After all, this was something they had been saying for a very long time. They had been saying it within a different context—but it turned out to be very, very true. That bothered a lot of people. I remember my advice always was "If it bothers you, you have to swallow your pride." It never bothered me. If you arrive, via study and research and data, at the same position that has been previously ideologically based, that's perfectly all right.

It was a difficult concept to accept for another reason. Historically, it came at a time when the general trend of thinking in the world was towards freedom of personal behavior. At the height of such thinking, we came along with something that suggested the opposite. So, clearly, it was not only the objective response to the data, but an ideological response. We ran counter to the ideology of the day.

Despite this, the whole area of the relationship between alcohol, control policies, and the health consequences of alcohol use became a vital issue to pursue. Ultimately, as it became clear that there was a direct relationship between alcohol availability and health consequences, and that specific kinds of legal control measures (particularly taxation) would, in fact, reduce consumption and thereby health damage, Scandinavian and eastern European countries fairly quickly applied this new policy. The government of Ontario, and the provincial governments generally, have been somewhat reluctant to do so. A deliberate policy, proclaimed by a government, to use large-scale price increases for health purposes was not viewed as a politically palatable concept. Nevertheless, the Foundation's research in the area changed the conceptual approach to the alcohol problem in many countries throughout the

world—Norway, Sweden, Finland, Poland, Russia, New Zealand, and Australia, to name a few.

BOB POPHAM

If you want to think of it in very broad, philosophical terms, it is interesting the extent to which we have come full circle. It is also interesting how clever some "collective conscience" was to devise and adopt the disease concept. It made politically possible the flourishing of the alcoholic beverage industry—the sale and distribution of alcohol—while at the same time, it provided the government with a needed out. Government could say: the problems of alcoholism are not related to the government-controlled sale of liquor, and we are spending all kinds of money on the problems and have established the best outfit in the world (the Foundation) to solve them. Unfortunately, that same outfit has increasingly bitten the hand that feeds it by discovering that the Temperance people weren't all that far out.

But it is probably worth mentioning, for the record, that the reconceptualization goes considerably beyond the relation between overall drinking and alcohol problem prevalence. It is quite consistent with the principal outcome of our biomedical and biobehavioral research as well. The discovery of the importance of situational variables in determining whether tolerance and dependence are going to occur or not, or in altering the speed with which they are acquired, for example, really throws a completely different light on the idea of the disease concept in much the same way as, but from a different perspective than, the epidemiological work. Our research program has been an unusually well-integrated one. The biologist and the social scientist have been able to talk to one another, and profitably.*

WOLF SCHMIDT

For me, the question is now "Where to go from here?" For the educator, for the politicians, the findings have to be—should be—addressed. Sure, you can always question some data. It would overtax any theory to expect it to deal with whatever information

* Bob Popham and Harold Kalant received the Jellinek Memorial Award in 1972, symbolic of the multi-disciplinary approach of the Foundation.

you throw at it. Such a theory never existed and never will. You must look at the totality of evidence and weigh it carefully, and let the weight of the evidence take you wherever it takes you. There may always be instances when the theory fails to agree with the data, so you cannot expect it to accommodate all the situations that may occur. But you see, much more work in this area, to find additional support, is a kind of "gap filling" research. It's not that interesting, but it's still useful and if people do it, that's fine. But it's important to think in terms of the next step.

A REFLECTION OF IMPORTANCE
The New Headquarters at 33 Russell Street

For a number of years the Foundation had been hoping for a new building that would enable us to consolidate our Toronto operations. From time to time various plans would be put forward and discussed with the minister of health, without any positive outcome. Nevertheless, the question was kept alive. Finally, in 1962, we met with success. Prior to cabinet's approval, I had written to Dr. Matthew Dymond, the minister of health.

LETTER FROM H.D. ARCHIBALD TO MATTHEW DYMOND

"At Toronto the enlarged education program (already authorized by the government) has forced us to rent extra office space, and at the same time has resulted in increased public demand for alcoholism treatment services. In the face of this demand, it is important that we expand the clinical and training programs, as well as provide some facilities for experimental treatment of narcotic addiction. This will require an early start on a suitable building to replace the present group of old houses from which the Foundation's programs are operated....

[Signed] "H. David Archibald, Executive Director"

HAROLD KALANT

One of my impressions of the Foundation was of constant growth and movement. We shifted from Bedford Road and Prince Arthur, the old houses that we were scattered in, to the corner of Harbord and St. George, and then the Bloor and Spadina offices, and then our move down to the old Sick Children's Hospital nurses' residence, where the research division, the narcotic clinic, and education were housed for a while. There was constant change, and the feeling that at the same time something was going through an incredible growth.

BOB POPHAM

I remember when the research department gave up 35 Prince Arthur and moved to Harbord Street. The clinic and the administrative offices were already there. The clinic was in an old apartment building. Your office and some others were behind Macdonald's drugstore and on the same property were two or three attached elderly houses which had been closed up for years. Then one day I found out what rent we were paying at Prince Arthur. It was probably the first time in my ivory-towerish life that I had paid all that much attention to money. I was horrified at what seemed to me to be a fabulous amount of rent. I have forgotten what it was, but it must have been enormously in excess of my salary or probably those of most of the researchers. I remember telling you that this was silly and asking why we didn't get public works to renovate the abandoned houses on the Harbord Street property. And that's what you did. So, for the first time in quite a while, the Foundation was physically back together again— but not for long. The university wanted that site, so we were on the move again. I guess you were busy negotiating for a new building, because certainly while we were at Harbord Street we had begun to talk to architects about drawing up plans.

The decision by the cabinet to proceed with a new headquarters was due in large measure to Dr. Dymond's persistence on our behalf. There was substantial opposition from ministry of health civil servants who felt strongly that capital money available for the Foundation should be diverted to revitalization of the mental hospital at 999 Queen Street West. But Dr. Dymond announced, "This is the year for the Foundation— the Queen Street Mental Hospital can come later."

HENRY SCHANKULA

One of the first tasks you gave me as director of administration was to act as the planning coordinator. I interviewed all of our senior staff to determine what they felt their requirements were. I remember this was very difficult, even painful in a sense. We were dealing with a bunch of "mosaic chips" with little interpretation of what was required, so the whole mosaic was difficult to determine. The people I was trying to get information from were

psychiatrists and researchers and so on. It was difficult for them to translate their needs into physical space. We knew that we wanted to have some clinical treatment research units but we didn't know what size they should be, or their design characteristics. We didn't know about things like some of the basic support services. All these things had to be struggled with at a fundamental level.

Visits to other treatment facilities in North America and Scandinavia helped. The Karolinska Institute in Sweden, the Institute of Living in Hartford, Connecticut, the Brain Research Institute of the University of Southern California, the Menninger Foundation in Topeka, Kansas, all provided substantial insight and assistance. The best information came in reply to the question, "If you had the opportunity to build a new building based on your experience to date—what would you do?" The Menninger Foundation, for example, had residential treatment facilities. They were able to provide us with information on the appropriate size of units, how they should be designed, and many of the features from their own "wish list."

The idea for the courtyard in the middle of the clinical block came from a Rockefeller-funded hospital in Jackson Hole, Wyoming, which was built with maximum flexibility in mind so that during the skiing season, for instance, various wings could be opened up. The square concept with matching units provided not only flexibility but privacy from the street. The research staff, on the other hand, wanted quite a different kind of accommodation; some of them asked for obscure little cubicles in which there would be a minimal amount of disruption and a maximum opportunity to study and think. The site was such that it was easy for the architects to conceptualize a research tower that was separate from the clinical facilities, so it was not an accident that we had a separate research facility. I think if we were rebuilding today, the two would be integrated to provide more of an opportunity for communication—or cross-contamination, as we used to call it.

When the architectural plans and the cost estimates were presented to provincial treasurer James Allen, he decided $15 million was too much and we were sent back to the drawing board. In one afternoon approximately $2 million in capital was cut out of the building. There was some "gingerbread" taken off the research tower, but there was a lot of mechanical stuff that

was taken out as well, which was unfortunate because, in later years, some of our mechanical systems broke down and the air conditioning system, for example, wasn't as good as it should have been. I remember several hundred thousand dollars of communication equipment was scrapped— like a pneumatic tube system which would have saved us immeasurably in terms of mail clerk time over the last 20 years. But the objective was to get that first sod turned. So we bit the bullet, and two weeks later we returned to the treasury board and obtained approval.

In 1970— approximately seven years from the beginning of planning— we moved to our new headquarters.

By this time, Dr. Dymond was no longer minister of health. The Honourable A.B.R. Lawrence officially opened 33 Russell Street in 1971.

WOLF SCHMIDT

The uniquely important thing was this building. I don't quite know how you managed to get it, but if we hadn't had this building, I don't think we could have gone as far as we have. Because it became a symbol, a visible reflection of the importance of the place and our work.

AN ARM'S-LENGTH RELATIONSHIP
The Foundation and Government

It was stipulated very early in the planning for the Alcoholism Research Foundation, that whatever organization was to be put in place, it must be independent of government. In the late 40s and early 50s the question of liquor and anything related to it was controversial—to put it mildly.

It was clear that research into many of the significant issues must be one of the responsibilities of an organized approach to the problem. Moreover, a research organization had to be in a clear position to engage in research, and publish its findings, without interference or consideration of the political implications. Indeed, it was difficult to make any kind of a statement on the nature of the alcohol problem that didn't have some kind of political overtone. An organization set up to deal with this relatively "hot topic" also had to be in a position to move with flexibility and freedom.

Three major instruments were put in place to ensure independence—an "arm's-length" relationship of the Alcoholism Research Foundation to government:

1. *An Act of legislation stipulating that directors (members of the Foundation) administer the affairs of the organization.*
2. *The establishment of a board of directors of eminent people who could maintain government at* arm's length *from the affairs of the organization and, when difficulties in the relationship arose, could go directly to the highest authority "to get things straightened out."*
3. *Establishment of a professional advisory board composed of people of high professional integrity and recognition.*

There were times in the earlier stages when the independent status was difficult to maintain. Early in 1951, the minister of health wrote to me asking that a position be established for a friend from the minister's home riding. I realized agreement on the part of the Foundation would establish a dangerous precedent.

Consequently, the Foundation's chairman wrote to the minister outlining clearly that the Foundation was not in a position to hire people on the basis of political pressure. Moreover, the Foundation was a professional organization and the majority of the positions established by the members of the Foundation would be for professionals only, and only on merit.

This position had to be reinforced from time to time. Yet it gradually became recognized that anyone referred by any politician for a job with the Foundation would not be considered.

But one key to the support of the Foundation over the years was our relationship with ministers of health, particularly with Mackinnon Phillips during the 50s and Matthew Dymond in the 60s. I had the distinct advantage of being able to work with both of them for long periods of time. Then came a series of ministers; inevitably, as the ministers changed rapidly, the authority of the civil service strengthened and the authority of the board of directors weakened.

Mackinnon Phillips developed a great attachment to the Foundation and was one of its fervent supporters. He was very accessible, and communication with him was always easy and relaxed. I used to meet with him informally at least once a week in the legislature following question period. He was minister of health for some eight to nine years. When he was finally shifted to the cabinet post of provincial secretary, he asked the premier to allow him to "take the Foundation with me," and for a period of time we found ourselves reporting to him in his new department. He was an exceptionally kind and generous person. During the war, in his private medical practice, he accepted wives of servicemen as patients, and would take no payment at all for his medical services. "It's the very least I could do," he said one time.

He could not be called the best administrator in the world. Sometimes he was quite erratic. To watch him take notes was interesting. He wrote very large—probably about four or five sentences to a page, which he would tear off and sometimes simply toss in the wastepaper basket. You never knew exactly what happened to all these notes.

The deputy minister of health in Saskatchewan once told me that once during a visit from Mackinnon Phillips, the two were driving from Saskatoon to Regina, discussing various health issues. Dr. Phillips would make notes on his pad and tear off the sheets and throw them out the window. "All of the secrets of the health

care plan of Saskatchewan were distributed over the prairie between Regina and Saskatoon."

In 1956 we discussed with Dr. Phillips the need for a larger research budget. He gave verbal approval, but we didn't receive any written communication. Finally, Isaac McNabb, the Foundation's chairman, wrote to Premier Leslie Frost.

LETTER FROM ISAAC MCNABB TO LESLIE FROST

"Dear Les:

"I am writing with reference to my communication to you of April 9th re the above [research budget]. I had expected long since to have had an answer either from yourself or the minister of health.

"I may say that the members of the Foundation feel that they have been rather badly used in this connection. They are unanimously in favor of the decision of the medical advisory board re research. The members of both bodies are busy men and all are giving much time to the work of the Foundation—I think it is due the Foundation to have authorization from the government on matters of this kind from ministerial level and without too much delay. Either the government approves the recommendation or it does not. If it does not, we should know about it so that any necessary action can be taken.

"Should you require further information about this matter, I would be glad to see you at your convenience before the end of the week.

"The Alcoholism Research Foundation postponed its usual meeting of June 15th to next Monday, June 29th. It is hoped that this would provide ample time to have received a communication from the government on this matter. I cannot say, Les, how much it will be appreciated, therefore, if I have a letter from you or Dr. Phillips so that I may make a report to the members on Monday next.

[Signed] "Isaac, Chairman, Alcoholism Research Foundation"

We had a hand-delivered letter from the minister of health authorizing the budget in time for the board meeting.

The above correspondence illustrates the importance of having a strong board of directors, as does the following situation when the comptroller of the department of health decided he should re-

view the Foundation's budget after it had been reviewed by the board of directors and submitted to the government. He invited me and Mr. McNabb to his office and proceeded to go over the budget in some detail, questioning why various decisions had been made. McNabb listened quietly for approximately five minutes and then politely but clearly informed the comptroller that he was interfering with the responsibility of the members of the Foundation and that he should revise his procedure. Forthwith we left the office. The chairman wrote another "Dear Les" letter to Premier Frost outlining this experience and indicating the government must make up its mind—either the members of the Foundation and the executive director were going to have responsibility for the operation of the Foundation, or the minister of health and his comptroller, but not both. It was the last time until recently that the comptroller or other officers of the department of health attempted to interfere with the Foundation.

In or prior to 1951 and the early part of 1952, a treatment program in Mimico Reformatory, operated by the department of reform institutions, became a significant issue. The major treatment modality in this program was the drug Antabuse. Early in the life of the program, reports were issued claiming recovery rates better than any reasonable expectation. The Foundation gave serious consideration to refuting these claims publicly, but before doing so we discussed the issue with the minister of health. As a consequence, in January 1952, Dr. Phillips sent a memorandum to Premier Frost.

MEMO FROM MACKINNON PHILLIPS TO LESLIE FROST

"For some time, it has been a matter of concern to me that the program for alcoholics which is being carried on by the department of reform institutions would conflict with the project being undertaken by the Alcoholism Research Foundation, set up by provincial statutes. That has now become a reality, and was brought to a head this afternoon when Mr. Arthur Kelly, KC, chairman of the Foundation, visited me and stated that unless there was immediate coordination of these two programs, our medical advisory board would resign and the Foundation fold up. [This was a substantial overstatement of the issue. The Foundation had no intention of folding up.]

"Mr. Kelly and the members of the Foundation have handled the whole problem of the alcoholic on a very high plane. By doing

so, they have overcome almost insurmountable difficulties with Alcoholics Anonymous and have completely won them over to their side. Under the present Foundation set-up, we have removed this problem from politics and the possibility of criticism on political grounds. The members of the medical advisory board are above reproach and receive support of individuals in all professional and non-professional groups in Ontario. The results of the treatment being carried out thus far have been most gratifying....

"The department of reform institutions program for alcoholics is carried on under the direction of a one-man board and the treatment is based almost entirely upon the use of a dangerous drug, known as Antabuse. That situation is not looked upon with favor by the Foundation or its well-qualified medical advisory board.

"Finally, the Foundation is continually embarrassed and is also very critical of the type of press reports that appear in connection with the reform institution's undertaking. As the Alcoholism Research Foundation is widely known as the instrument by which this government is attempting to handle the problem of alcoholism, it is difficult for that body to explain that they have no connection whatever with these announcements.

"In my opinion, we must find a prompt solution to this situation. If the Alcoholism Research Foundation and its very worthwhile program are to continue, it would seem necessary to place the program for prisoners entirely under the control of the government's own Foundation. The physician in charge could be added to the medical advisory board and cooperate with the board and the Foundation in following an approved program. There would then be uniformity in the care and treatment of alcoholics and no conflict between departments of government. I would strongly recommend, as well, that all publicity should be handled by the Foundation.

"It really pains me to have to bring this matter to your attention, but to me it is urgent and serious. It is my sincere hope that a satisfactory solution can be worked out confidentially and amiably.

[Signed] "Mackinnon Phillips"

It should be noted that the Foundation had no real interest in taking over direction of the Mimico Reformatory Treatment Centre.

There was a rather large number of program developments that had substantially more priority than attempting to direct a program operated by civil servants, with their own independent advisor, within another department of government. But the letter does indicate the strong support provided to the Foundation by the minister of health.

Probably the best political friend the Foundation had after it was well established was the Honourable Matthew Dymond, minister of health during a significant part of the 60s.

Early in Dr. Dymond's tenure, the possibility of developing an all-party agreement and support for the work of the Foundation was discussed. At his request, I held informal discussions with the leaders of the two opposition parties, Robert Nixon of the Liberals and Donald MacDonald of the NDP. Because Dr. Dymond was held in very high regard by all members of the legislature, the climate was positive towards an all-party agreement. Had the conversations been confined to the work of the Foundation, this may have been achieved, at least during the 10 years of Dr. Dymond's tenure. But discussion was extended to possibly include an approach to liquor policies generally, and this became impossible to achieve. A tripartite approach, therefore, could not be officially developed.

At Dr. Dymond's suggestion, however, I used to meet from time to time with the leader of the opposition, Robert Nixon, to suggest questions he might raise in the House "so that we can have a good discussion among the members." I also met with NDP leader MacDonald. Both Nixon and MacDonald were former school teachers and therefore had a special interest in the impact of alcohol and drugs on young people.

On one occasion when concern about marijuana use was a major issue, Bob Nixon raised a question about the drug during a discussion in the legislature of the Foundation's work. Harold Kalant had prepared a very learned document for the Foundation which was, in essence, a summary of existing knowledge about marijuana. Dr. Kalant's document was handed to Matt Dymond, who proceeded to read the whole text, approximately five pages of single-spaced typing, into the record. Bob Nixon was rather embarrassed about this because, when the minister had completed his statement, he got up and apologized for placing the minister in a position where he had to provide such a detailed response. It is probable that all Mr. Nixon wanted to know at the time was whether marijuana was addictive.

The Foundation also believed strongly that members of the legislature should be important educators in their own constituencies and, to this end, a letter from the Foundation addressed to Dr. Dymond (December 6, 1962) proposed "a direct effort on our part [the Foundation] to make more information available to the members of the provincial legislature respecting a) the work of this Foundation and b) the nature of the problem of alcoholism as we have identified it through research."

LETTER FROM H.D. ARCHIBALD TO MATTHEW DYMOND

"What I have in mind here is an attempt to provide the members with the kind of information that they may, in turn, use from time to time when they are speaking on various matters of government operation in their political ridings in Ontario. It does seem to us that perhaps the members of the legislature themselves could do as much, if not more than we, to ensure that the work of the Foundation is identified as one of the programs that the Ontario government has instituted. It has always seemed strange to us, for example, that this Foundation is generally so well known in Europe and the United States, and rather less in Ontario. This is a peculiar phenomenon that I suppose is basic to many other kinds of operations whereby your work is directly appreciated and extolled by people from outside the country first, and only later from within your own jurisdiction. It is our feeling that the government of Ontario has a right to be very proud of the work that this Foundation has undertaken in this field. Our reputation is such that governments in Scandinavia, Europe, and the United States send their officials to this Foundation seeking information and guidance on the development of programs in their own countries. In addition to this, many programs in other parts of Canada, the United States, and Europe ask for consultation from this organization in developing their own programs.

"There is no doubt that we have developed a somewhat enviable reputation internationally. We must now concentrate more and more on getting to be better known to the people of Ontario.

[Signed] "H.D. Archibald"

This lack of recognition within our own jurisdiction is a regular and continuing issue with the Foundation—probably, in part, a reflection of a difficulty that Canadians seem to have in developing pride in their own institutions.

The statement of the executive director and Dr. Dymond's positive attitude towards the Foundation are reflected in his address on the occasion of the throne debate in the Ontario legislature in December 1962.

MATTHEW DYMOND

"Major advances in reducing the prevalence of addictions depend on acceptance of responsibility for treatment by professional people. This acceptance of professional responsibility for treatment is, in turn, contingent upon the further development of knowledge and methods and the continuous communication of these at both undergraduate and graduate levels. The task of developing both kinds of programs is important and research in methods of treatment is one of the first and fundamental responsibilities of the Addiction Research Foundation.

"It may be, Mr. Speaker, that some of what I have just said may have been heard in this House before—but the work being done in this very important area of health is worthy of frequent repetition. I believe this to be particularly apropos as, recently, I heard of one honorable member who had written to a jurisdiction to the south of us for 'the latest information on alcoholism' only to be advised to contact the Addiction Research Foundation of Ontario because 'it has one of the most modern programs in the world' and 'Ontario is one of the most advanced areas in its efforts to remove alcoholism.' I would remind you, too, sir, that the World Health Organization said very much the same thing some time ago. The reputation of this Ontario government agency is such that governments in Europe, the U.S., and Scandinavia send their officials to the Foundation seeking information and guidance on the development of programs in their respective countries. In addition, many programs in other parts of Canada, Europe, and the United States ask for consultation from our organization in developing their own programs. Indeed, it often seems to me that the Foundation is better known outside of Ontario than by our own people. Perhaps the old proverb applies, 'the prophet is not without repute save in his own country.' I do say to you, sir—we, in Ontario, have ample cause to be proud of the work the Foundation has undertaken in this field and I am sure that pride will be reflected if I should have to seek an increased budget."

During the annual consideration of the estimates by the members of the legislature, the Foundation's budget was a specific item in the health minister's office, particularly because he had announced plans for a new Foundation headquarters. Dr. Dymond wished to have representatives of the Foundation (myself and Henry Schankula, director of administration) in front of him on the floor of the House so that information could be provided for him directly to answer various questions put forward by members of the legislature.

HENRY SCHANKULA

One of the things that always surprised us was the amount of interest expressed by the members of the legislature in the work of the Foundation, in contrast with other segments of health. Even though our budget was minuscule in comparison with some of the others, a considerable amount of discussion always seemed to centre on the work of the Foundation. Those were exciting times, times of meeting with members of parliament outside the legislature, or sitting waiting with prepared responses underneath the press gallery to assist the minister of health in his responses. Also, sitting in front of the table during the estimates was a fascinating experience. I can remember one time in 1965 Matt had told you [Archibald], "let's really get ahold of this alcoholism issue in Ontario, get it placed before the members of the legislature along with a longer range plan." Subsequently Foundation staff developed what we called the "plumbing report"—*The Management of Alcoholism in Ontario*—where we projected a budget 10 times what it was at that time, about three million dollars, and we said that in 10 years our budget should be approximately 30 million. Dr. Dymond got so excited. He was walking two or three inches off the floor with excitement—about the process of legislation, the work of the Foundation, his role as a politician, and his genuine human concern for the people of Ontario and the people that he served. All in all, he was a fascinating man.

AN INTERNATIONAL PERSPECTIVE

BOB POPHAM

We almost inevitably ask ourselves questions which are international in character. The answers require data from many countries, many different perspectives. And that, I think, has been an extremely healthy thing, and one that the Foundation has been particularly noted for. If it hadn't been for the Foundation, very little attention would have been paid to international variation in alcoholism prevalence and an immense amount of really important work would never have been done. Many breakthroughs the Foundation has made could not have been made if we had confined our attention entirely to the local scene.

From the outset, the Foundation has maintained a strong international orientation. This derived, in part, from the early experience with E.M. Jellinek, our first formal consultant. Dr. Jellinek was an international scholar, and his advice strongly pointed to seeking information and perspective from the international community. He often made the point that there is much to be learned from other countries, other cultures, other national experiences. It was natural that when Jellinek joined the staff of the World Health Organization in Geneva in the 50s, he invited the Foundation to maintain direct association with him and, through him, with many of the programs in Europe.

In a very practical sense, it was important for the Foundation to look to experiences in other countries to provide specific ideas on what kinds of programs might be useful and adaptable to Ontario and to Canada. For example, it was important that the Foundation, from the outset, was able to maintain a broad perspective on the problem of alcoholism. This was brought about, in part, by an awareness of the different perceptions of alcoholism in different countries. What are some of the things we have learned from the experience of others?

FROM FRANCE

The French were saying they had alcoholism without drunkenness. It was quite true one seldom saw public intoxication in France, particularly in the southern part. Later, it was realized this was due to a relatively high tolerance to alcohol that the French developed over the years because of their virtually universal use of alcohol.

From France we were first exposed to the idea of the economic impact of alcoholism on the health system and society as a whole. Jellinek used to speak about the economic causes of alcoholism, using France as the example. He reflected on the powerful political influence of the farmers whose livelihood depended on the growing of grapes for wine. He calculated at one time that approximately 60 percent of the population of France was in some way connected with the production and sale of alcoholic beverages—principally wine.

From France came our first glimpse of the direct relationship between the economic availability (relative price) of alcohol and problems of alcoholism and alcohol-related damage. Wolf Schmidt was particularly impressed with Sully Ledermann's lecture to an international conference and, because of Ledermann, decided to test the hypothesis with Canadian data. From this developed a very fundamental and ultimately extremely important line of research that led to the establishment of the very clear relationship between the relative price of alcohol and health damage. Hence the Foundation's clearly stated recommendation:

"If the government wishes to reduce the prevalence of alcoholism by public policy then the most potent instrument available to them is the economic one—namely relative price."

This policy has been adopted by a number of countries—Scandinavian countries especially—but Canadian provinces have tended to ignore it.

FROM THE NETHERLANDS

This small country embarked on an extensive program of treatment for alcoholics shortly after the Second World War. By the early 50s, the country was blanketed with clinics, so that, for every person, treatment was available in his or her neighborhood. In this way, the Dutch were able to control the problem so well that the number of alcoholics in Holland had not increased between 1946 and 1955 in spite of the fact that the prevalence of alcoholism was

increasing very rapidly in neighboring countries.

In Holland we observed that the principal form of treatment was through outpatient clinics. This experience was a forerunner of the Foundation's later emphasis on developing outpatient clinics as the core of treatment services in communities throughout Ontario. The major rationale was economic—to provide a system of low-cost treatment services. A few years later, research conducted in the United Kingdom, at Toronto's Donwood Foundation, and at the Addiction Research Foundation established unequivocally that treatment through an outpatient service was as good as, if not better than, treatment in a high-cost inpatient facility.

The Foundation's philosophy encompassed the belief that a person had to be psychologically ready for treatment before there could be any reasonable hope for success. The statement that "The alcoholic must want to be treated before anything can be done for him" was generally accepted as the operating philosophy. In the Netherlands, however, they were conducting a major experiment in compulsory treatment. Fifty percent of the patients treated in an outpatient clinic in Amsterdam had been referred by the court, which had given them the alternative of treatment or jail. In a follow-up study, the results of treatment for voluntary patients were compared with the results for those who went under coercion from the court. The same treatment methods were used for both groups, and there was no significant difference in the results. The two groups did equally well, with a recovery rate of something in the neighborhood of 40 percent. It was clear that we in Canada should not reject so quickly the possible role of compulsory teatment as one of the methods to be tested.

FROM SCANDINAVIA

In the early years, the roles of taxation and alcohol control measures were generally denied. Scientists in North America tended to neglect this side of the picture, suggesting that taxation and other legal control measures were not scientific—and therefore not proper areas for scientific consideration. Scandinavian countries, on the other hand, and Sweden in particular, had long considered taxation an important instrument to control alcohol consumption. We were impressed with this and fairly early changed our viewpoint by acknowledging that the economic factors involved in this problem required a great deal of study and should be carefully considered. We recognized that the singling out of any one specific

factor at this stage in the Foundation's developing knowledge, and rejecting it out of hand, would obscure the issue. All factors—including the economic factor—needed to be brought into perspective. This became especially important following Ledermann's work.

FROM CZECHOSLOVAKIA

The Foundation developed a non-medical detoxication centre model fairly early in its history. The idea did not originate completely with the Foundation, however; I observed a similar kind of detoxication system in Czechoslovakia during a visit there in 1954.

DON MEEKS

You always find that there are people doing things where you least expect them to, sometimes far in advance of your own work. In developing countries, I have seen people who have only 25 cents to do work that would normally cost a dollar become very ingenious in the ways they use that quarter. People who are relatively fat in resource terms don't have to think about that. They consistently just add bodies as a way of meeting the next challenge. I think we now are learning how to function with less. When I started working in the international field in 1974, the Foundation was an affluent organization. Then the dollars began to decline, and a lot of those lessons came back to me. They helped in running my work here. Riches aren't forever in any organization.

Our first appearance on the international stage occurred in 1952 when I went with Ward Smith, who was conducting research into blood alcohol levels at the U. of T.'s department of pharmacology, to the International Conference on Road Traffic, held in Sweden. I quite boldly offered to hold the next one in Canada, which the Foundation hosted in 1953.

In 1954 we decided it was important to bring scientists from different countries and different disciplines together in an attempt to determine profitable directions for our research investigations. Some 29 experts, with specialties in anthropology, biochemistry, education, general medicine, pharmacology, physiology, psychiatry, psychology, public health, and social work, attended the week-long conference. The countries represented were Chile, Denmark, England, Finland, Sweden, Switzerland, the United States, and

Canada. A number of scientists who later became internationally renowned participated—Jellinek, WHO; Ray McCarthy and Mark Keller, Yale University, and Harris Isbell, Lexington, Kentucky; Leonard Goldberg, Sweden; Jorge Mardones, Chile; H. Pullar-Strecker, Great Britain; and Heikki Waris, Finland, to name a few.

Early in the conference, everyone realized there was no consistency in definition of such terms as "alcoholism," "alcohol addiction," or "chronic alcoholism," and this greatly hindered effective communication among scientists from so many different disciplines. To rectify this, the Foundation published a "dictionary of terminology." It wasn't until some years later that the World Health Organization addressed this problem.

A major breakthrough in the alcohol field was first announced at this Foundation-sponsored conference. Dr. Harris Isbell of the U.S. Government Hospital for Drug Addiction in Lexington, Kentucky, reported on his experiment in which he induced alcohol dependence in prisoners who were under hospital care. It was an experiment which almost certainly would not be allowed today for ethical reasons, but it provided convincing evidence that the addictive properties of alcohol as a drug were by no means negligible and that the withdrawal reactions after chronic toxic exposure could be very severe and directly attributable to the alcohol itself.

At this conference, too, Heikki Waris from Finland, in recognition of the similarity of interests in research at the Alcoholism Research Foundation and the Finnish Foundation for Alcohol Studies, proposed that we establish a formal exchange of scientists on a regular basis. This developed into a strong scientific and administrative relationship with the Finnish Foundation, to the great advantage of both organizations. The first scientist to visit the Foundation was Esko Koura, who came to study the drinking habits of Canadian-Finns, principally in the Fort William-Port Arthur area, and to advise the Foundation on how to respond to this "culturally different" group. The first person from the Foundation to study in Finland was also an internationally recognized scientist, in the person of Bob Popham.

The relationship with the Finnish Foundation was still strong some 20 years later.

ERIC SINGLE

Klaus Mäkelä from the Finnish Foundation for Alcohol Studies arrived for a three-month stay the same day I started working

for ARF. It so happened that at the same time Robin Room was in town from the Alcohol Research Group in California. Robin, Klaus, Norm Giesbrecht, and I had a meeting in December of '76 at which the broad outline for an international comparative study was drawn up. This led to the seven-country WHO-affiliated International Study of Alcohol Control Experiences—ISACE.

Our first working meeting was in Helsinki in January '78, the second a year later in California, and the third meeting in Poland, with the report finalized at Niagara-on-the-Lake, Ontario, in 1981. We produced a two-volume report. The first was an analysis of trends in alcohol control experiences. The second was the countries' case studies. In addition, there was a tremendous number of papers and articles, some of which were later collected into a third volume on the consequences of drinking. All three were published by the Foundation. ISACE was a tremendously productive project.

From my personal point of view, it was a major event in my career. My horizons and perspectives on alcohol issues were really broadened by the contact with so many different outstanding people. Also, because of the findings, I came out of the experience much more appreciative of the differences in alcohol culture. And, finally, it gave me an opportunity to work with two of *the* leading people in the field. I mean, Klaus and Robin wound up sharing the Jellinek Memorial Award two years later. ISACE was an opportunity that for me, say back in the States, would have taken maybe 15 or 20 years to achieve. Here—at the Foundation—I was immediately given the opportunity of working with world-renowned people like that.

The relationship with the World Health Organization gradually strengthened over the years and in 1975, when I was on a year's sabbatical with WHO, the possibility of developing a new World Health Organization policy in the field of alcohol and drugs, namely the development of formally designated WHO-related collaborating centres as a matter of international policy, was discussed. At the request of WHO, and in consultation with WHO staff, I prepared a formal policy on WHO's approach to drug dependence, including the concept of special collaborating centres. This was presented to the WHO Assembly and the United Nations Commission on Narcotic Drugs.

On November 28, 1977, the Addiction Research Foundation was designated as the first World Health Organization Collaborat-

ing Centre for research and training on drug dependence, followed closely by a centre in Mexico and the National Institutes on Drug Abuse (NIDA) and on Alcohol and Alcohol Abuse (NIAAA) in the United States.

Dr. Hector Acuña, director of the Pan American Health Organization, the Regional Office for the Americas of the World Health Organization, presided at the designation ceremony in Toronto:

HECTOR ACUÑA

"The formal designation of the Addiction Research Foundation as a World Health Organization collaborating centre for research and training on drug dependence formalizes an existing relationship which has been a close and rewarding one for our organizations for many years. We have long recognized the important leadership role which the Addiction Research Foundation plays worldwide as a centre of excellence in many areas of interdisciplinary research on alcohol and drug problems, as well as the training of professionals in health care and related fields. Over the years, WHO and the Pan American Health Organization have benefited from the services provided by ARF professionals as consultants, temporary advisors, and members of expert committees. Likewise, a number of Fellows from our region have studied at the Foundation. Through such activities, the Foundation has already made an important impact on the development of alcohol and drug dependence research in many countries. However, we believe that the formal designation of the Foundation as a WHO collaborating centre will not only strengthen our relationship, but also expand our capability to understand the problems of alcohol and drug dependence, and to plan and implement effective regional and global strategies to combat them."

DENNIS R. TIMBRELL, ONTARIO MINISTER OF HEALTH

"In view of the Addiction Research Foundation's long and outstanding record in a field of urgent and practical need, it seems particularly appropriate that its designation as a collaborating centre of the World Health Organization represents not only a symbolic honor, but the beginning of a new working relationship. This designation is not only a tribute to the Foundation's past accomplishments, but is also a rare opportunity to contrib-

ute to future knowledge and well-being of nations around the globe. I have no hesitation in voicing pride in the Foundation on behalf of the people of Ontario. Everyone in this province who is aware of the Foundation and its work—and I am sure they must number in the millions—cannot help but appreciate the initiative and vision demonstrated by David Archibald and his early colleagues when they founded the organization 28 years ago. While we commonly reserve the term 'pioneer' for the early settlers of this country, I think it's fair to describe the founders of the Addiction Research Foundation as modern pioneers. Certainly they were the leaders of the first organization of this kind in Canada. Indeed, at the time, there was only one other comparable research organization in all of North America."

SENATOR KEITH DAVEY

"Among those who have worked for many years in the field of drug dependency, the Addiction Research Foundation has a well-deserved reputation on the international scene, and has been working with WHO since 1952.... It is fitting that the Foundation should be one of the first designated for the purpose of dealing with alcohol and drug dependency.

"Moreover, the approach being followed by the Foundation is consistent with what we strive to do as Canadians. The emphasis will be on supporting WHO, both through research and providing training for people from developing countries to equip them to deal with their own problems. In other words, by using what we have learned we will be helping the third world countries to solve their own problems—a most positive approach."

DAVID ARCHIBALD

"To suggest that I, and my colleagues, are not proud of today's honor would be tampering with the truth. We are proud—very proud.

"Since its inception in 1949, the Addiction Research Foundation has maintained a strong international linkage. It was realized early that the Foundation had much to learn from experience in other countries and from international agencies such as the World Health Organization and the International Council on Alcohol and Addictions. Conversely, as the Foundation program de-

veloped it became clear that our experience in Canada could contribute significantly to the developing world knowledge in this field.

"I believe firmly that in most developing countries in the world, and in the developed countries, the chief objective should be to apply what is already known to the particular needs and circumstances of a community or nation. Based on my experience while working with the WHO in Thailand and on other WHO activities, I have no doubt that there is a great need for a well-organized international system for the exchange of information and experience....

"It is our sincere hope that the Addiction Research Foundation can make a major contribution to this kind of development.

"I believe that the time has come when great strides can be made in the development and application of practical solutions to this age-old problem. We have no illusion about the difficulties— and the challenges. Speedy and increasingly frequent international travel has converted certain seemingly national health problems into international health problems, giving rise to a great need for increased international collaboration in the search for methods to prevent and relieve human suffering. The problem of alcohol and drug dependence is one specific example....

"The opportunity to learn how information may be transferred and *adapted* to different social, economic, and cultural realities is an exciting prospect— and challenge. We look forward with anticipation to a mutually beneficial collaboration in our work with the World Health Organization, with other collaborating centres, and with other members of the international community."

RANDOM THOUGHTS

I have interviewed on tape many people in the course of this brief anecdotal history, and for a longer, more analytical book to come. There were provocative, perceptive, nostalgic, and wise things said—not all of which fit neatly into the preceding chapters. Still, I wanted to include them in this narrative. So here, among my own final thoughts, are a few random gems from the hours of talk on tape.

JACK SEELEY ON ADMINISTRATIVE SUPPORT

I can't emphasize enough—and this is not flattery—how important it was that you gave me, and through me, all of us, the sense of being skilfully and determinedly well defended from attack. I knew always that, on points of principle, you wouldn't yield to the government or vested interests for money or for favors, even if they had been to the advantage of the Foundation. With you at my back, I could deal with the timidity of the research staff, who otherwise would have been justified in feeling that once they said something in public, or committed it to writing, they could become the objects of either inside or outside attack. By not permitting any interference from outside, and backing me to the hilt against inside pressure, you convinced us that we had a solid wall at our back, that we could go forward, and that the only limitation we had was just our own timidity. That was decisive.

BAS SCULLY ON COLLEAGUES

Harold Kalant was always a tower of strength. Always impressive. The two of us once made a marijuana videotape together. Dave Britnell, the Foundation's audio/video director, recorded it for us. My half of the video consisted of me reading a script that

had been prepared for me, so it was simply a dissertation— on the substance marijuana, its use, that sort of thing. The second half of the tape was Harold's. He stood at a podium and addressed a group of students. Whereas I had simply read from a script, he stood and talked to those kids, for all the world as though he was the second coming of Johnny Carson. He was so at ease in front of the camera and in front of an audience. It was amazing— his ability to say what he meant, what had to be said, in simple terms. He never overpowered anybody with jargon or words too difficult for the average layman to understand. That's remarkable. And over the years, as I became more broadly acquainted with the Foundation— as I got to know the other regional people— the John Neilsons, the Charlie Aharans, the people in the more clinical end of it— Marg Cork for example— I discovered they were all, every one of them, people of substance, amazing substance. They were people who didn't seem to be dismayed by complexities and difficulties. They were people who were challenged, fundamentally committed.

CHARLES AHARAN ON BOB POPHAM

The first thing I recall was that Bob was the guy who went around sitting in pubs. That was one of his early studies. And in particular, what I recall about Bob Popham was the kind of counsel he would give and his willingness to talk to me about my research aspirations in London. He made me feel pretty good. He would talk about the little things I would be doing and he admired them because he thought them "elegant." That term will always stick with me. What he meant was that it was simple. As a result of that, I was always trying to keep it simple. Another impressive thing to me about Bob was the very quiet manner in which he dealt with scientific confrontations. It was really a treat to hear him stand up and refute or argue back. He always focused on the issue and not on the person. He was a researcher who had a foot in the real world. There was a movie I recall with Alec Guinness in it, called *The Man in the White Suit.* Near the end of it, as Guinness was walking away, somebody says, "Now there goes a dangerous man." What he meant was that the man was so committed to his ideas that he would pursue them regardless. I always had a little bit of that feeling with Bob— that he was captured by his ideas and would be impervious to negative opinion.

DIANE HOBBS ON HER ROLE AS EDUCATOR

Gord Patrick was the first person who got me involved in education. Gord heard about me through Betty Constable in the library. Betty was "keeper of the books." Since I was most anxious to oblige I'd always have my books back on time. I would never finish a book, but Betty didn't know that, so she told Gord I had read everything in the library. I really owe Betty my expanded role as an educator.

ARCHIBALD TRIBUTE TO SYLVIA STEVENS, 1986

Sylvia's commitment to her work at the Foundation was second only to her commitment to her family.

She joined us in December 1960, as secretary to myself as executive director. By 1963, her job, as only she could do it, had evolved, and her title was changed to executive secretary. In 1972, reflecting the quality of her work and the scope of her responsibilities, she was named administrative assistant to the executive director. In this capacity, she would also later serve Dr. Jack Macdonald as president, and still later, Dr. Joan Marshman when she was appointed president.

Over the 26 years, she served three chief executive officers of the Foundation, the only three we have had to date. In addition, she served as secretary to the board of directors. I know full well that I speak not only for myself, but also for Dr. Macdonald and Dr. Marshman, in saying that we all had and have nothing but praise for every single aspect of her work. Sylvia's management of the office, her meticulous attention to accuracy, her dedication to excellence, shone in all of her work and inevitably was reflected in and respected by all those who worked with her. Her handling of visitors and contacts with the office, whether they were from the premier's office, or ministers of the crown, or people in the community seeking information, was always sensitive, friendly, and, when the occasion required, firm.

She was always a tremendous ambassador for the Foundation and for our work in the field of alcohol and drugs.

The members of the board of directors of the Foundation paid special tribute to Sylvia.

Be it resolved:

"That this board records its heartfelt appreciation to Sylvia

Stevens for her quarter century of exemplary service as secretary to the members of the Foundation. With great dedication and professionalism she established and maintained an exceedingly high standard which will serve as an inspiration to her successors."

Her special courage was demonstrated ever so clearly during the last days of her life. When medicine had finally failed—and she knew it had—she was still always positive in outlook. "I'll feel better tomorrow," she used to say. Always looking on the bright side. Is it any wonder we were so fond of her.

MARTHA SANCHEZ-CRAIG ON HER FIRST JOB

I remember my first meeting with Jack Macdonald after he became president. I was running the halfway house at 142 Spadina. Dr. Macdonald asked me, "How long have you been in the Foundation, Martha?" I said, "Three years and a half, Dr. Macdonald." He said, "Tell me Martha, what have you learned?"

"Well, Dr. Macdonald, if we were to go back three and a half years, and this job was offered to me again, I wouldn't take it for 100 grand." "Why not?" he asked. I said, "Look, this is the first job of my life. I am a recent graduate of U. of T. Think of it. Suddenly I am in charge of 39 beds, and all these troubled people; responsible for the house, for running the clinic, for all the lives that come here, for more than 20 staff. I have to assess whether the furnace works well, whether the roofs are leaking, whether the maintenance man is here, whether the kitchen is running smoothly, that the rents are paid by the residents, etc. On top of that, I am supposed to develop programs for rehabilitation. And not only that, but to test those programs in a scientific way—not any scientific way but science that is deserving of refereed first-class scientific journals. And they gave me three years to do it. Obviously I was pretty dumb to accept that responsibility. Pretty naive. But, I want you to know, that it will be done." And, I pulled it off.

BAS SCULLY ON GETTING HIRED

Matt Dymond, the minister of health, asked me one day if I had ever heard of the Addiction Research Foundation. I said, "No, Sir. I'm a good-living Canadian boy. I don't have any truck with

those things." I heard about the Foundation soon after that, however. Ted Gaetz, who was vice-president and general manager of International Nickel, called me at the television station where I was working. I was responsible for much of the TV production. International Nickel was our major advertiser. They sponsored the supper-time newscast seven days a week and paid a whopping price for it because it was the most important newscast of the day. So this was a lucrative contract for us. Our INCO newscaster, Irv Morrison, was of the calibre of Harvey Kirck, Lloyd Robertson, or Peter Jennings. But on this particular evening as he announced the first item of news, which happened to be about INCO, he intoned, "Henry S. Wingate, chairman of the board of the International Nickel Company of Canada Ltd., today announced a splare shit."

Being Mr. Professional, Irv kept right on going as if nothing had happened. And I, of course, prayed silently that the International Nickel people hadn't realized what they'd heard. But, the telephone message to call Mr. Gaetz convinced me we had lost the best account we'd ever had. He wanted to see me in his office right away. I drove out, in fear and trembling. The first question was, "What do you know about the Addiction Research Foundation?" I said, "Nothing. Should I?" And he said, "Well, no. I guess not. But," he said, "they're moving into the North. They've established a Northeastern Regional Program, and I am the chairman of the board of trustees. I want you for the director." Well, I could have fallen over. I wanted a career change, but I didn't know whether that should be it. However, I went to Toronto to talk to you and after that meeting I was directed to Dr. Harold Ettinger's office. Dr. Ettinger was, as usual, a very gracious person. This is not to suggest you weren't. I didn't think with you sitting here I had to mention it. I remember him saying to me, "I've been looking at your application, Mr. Scully," in a very kindly manner. I don't think he knows how to behave or present himself in any other fashion. He said, "I see that you didn't even get out of high school." I said, "That's right, I didn't." "And yet," he said, "you opposed Lester Pearson in the political arena and came within 3,000 votes of beating him in his home riding* and you've made a

* Lester B. Pearson, who had just received the Nobel Peace Prize and become the new Liberal leader, ran for the Liberal party in the riding of Algoma East. He defeated Bas Scully, who was running on the Conservative ticket, by a mere 2,800 votes to become leader of the opposition and subsequently in 1963 prime minister of Canada.

career, a lengthy career I might add, in broadcasting in radio and television. How do you account for that?" "Well," I said, "I guess I'm not an academic animal. But I found that no matter what I did, in what capacity I did it, I learned something about living, about people, about relationships." I couldn't think of anything else to say. And so he said, "You know, I've seen a lot of applications, and yours is absolutely remarkable—the things you've accomplished." So my spirits came up again, because I knew at that point he wasn't about to shoot me down, and I had sort of made up my mind that I wanted the job.

I got word from your office to be available for lunch the next day. Okay, I thought, that'll be the zero hour—I'll know whether I'm in or whether I'm out. The first thing you said to me was, "Well, congratulations are in order, Mr. Scully. We have confirmed your appointment as director of the Northeastern Ontario Region." And I said, "Thank you very much. I am gratified, but please, tell me what does a regional director do?" Your response, I think, was classic. You said, "How the hell should I know? We never had one before." I thought, gee you know, he didn't tie me down to anything. He practically said, in a very diplomatic fashion, something has to be done within the regional context. We don't know what it is; you find out what it is, and then go and do it. That's the way I interpreted it. So I was pleased, I was really pleased.

HAROLD ETTINGER ON HAROLD KALANT

I nominated Harold for the Royal Society of Canada and his election followed. As dean of medicine at Queen's I invited him to address a meeting open to the medical public and to senior students. He had a small audience, because only a few people could understand him. That is, he is so far in advance of the current thinking. His views on things that he was talking about were absolutely correct but beyond the reach of many of his medical colleagues. He is really at the cutting edge of knowledge, and he is one of your ornaments at the Foundation.

LONG-TERM AND STILL ACTIVE ARF EMPLOYEES—PART I

(1957-1971) 1957: Reg Smart; 1959: Harold Kalant; 1961: Gus Oki; 1962: Francisco Jorge, Henry Schankula, Norma Turner; 1963: Ignac Szarka; 1964: Diane Hobbs; 1965: Pearl Ali, Donald

Meeks, Paul Devenyi, Linda Raines, Marie Tromba; 1966: Kathy Chater, David W. Northcott, Peter Barkway, Sandy Riddell, Charles Ponée, Eve Yates, June Shepperd, Ed Halenda; 1967: Clarice Elvie, Lucien Mageau, Joe Farkas, Ken Jaggs, Iris Carpen, Jean Rodden, Judy Keaney, Narendra Sharma, Joe Feke, Sally Saunders, Dave Docherty; 1968: Ed Larkin, Yedy Israel, Bev Merritt, Olive Lewis, Pat Ranger, Bill Murdock, Pat French; 1969: Dorothy M. Warrington, James Simon, Connie Doyle, Hedwig Wolny, Joan Marshman, Howard Cappell, Ruth Berg, Judy Wells, Barbara Bruce, André Charles, Abe Friesen, Louise Merlo, Pat Schoffro; 1970: Sylvia Greene, Neil Latter, Karen Ferruccio, Shirley Green, Donald Murray, Barbara Nicholas, Bill Gilliland, Dave Britnell, Ron Hall, Ken Bartholomew, Charlie Milan, Laurie Adamson, Einar Lund, Dianne Stackhouse, Henzel Jupiter, Bev Stewart, Murray Slator, Martin Shain, Bill Becks, Helen Annis, Trevor Harrison, Marilyn Lester, Neil Ray, Norm Giesbrecht, Vera Smith, Michael Gavin, Bob Milne, Delvyn Thornhill, Joyce Bestward, Joan Bresher; 1971: Bhushan Kapur, Kathleen Michael, Pat Jones-Alston, Joan Moreau, St. Aubron Grant, Esther Dottin, Bob Carpen, Peggy Swerhun, Fuad Nimer-Boutros, Julie Henderson, Gerry Krumrei, Ken White, John McCready, Faroon Mohammed, Judith Groeneveld, Maria Spanos, Edris Johnson, Norma Dac, Merced Batas, David Coleman, Wazir Alix, Gwen Carroll.

REG SMART ON CHANGES IN RESEARCH

When I first came to the Foundation in the 50s, research was a very small activity. Researchers tended to do all their own work. For example, they mostly didn't have research assistants, they didn't have secretaries except in a shared way. It was before computers. We didn't even have photocopiers, but they came along soon after I did. So research was very much a cottage industry, done with small samples in a small way. It took a long time to do. Research now, with the advent of modern computers, with the vast expansion of the ARF, is done in a much better, much more efficient way. We can do very large-scale studies quite quickly because of the large budget we have, the research assistants, and the computer back-up. We are far more effective than we used to be. But, in the old days, we used to spend a lot of time philosophizing about our research and worrying a lot about what impact it might have, what would be the best possible contribution. It may be that we spend a little less time on that now.

ARCHIBALD ON INDEPENDENCE

We have been extremely careful to make sure that we do not become involved in any way with either the official Temperance organization on the one hand or the manufacturers of alcohol beverages on the other. Indeed, historically, one of the very great problems that has inhibited progress in this field has been the traditional battle between the "wets and drys." The fact that we have been able, thus far, to avoid association with either side of the question has contributed very considerably, we believe, to the high regard that the public holds for this organization. Statements and reports coming from this Foundation are received by the general public with a considerable measure of confidence. They feel our reports are unbiased and not produced or presented in order to favor any vested interest groups other than those interested in truth. This position, which is tremendously important to maintain in this emotionally charged field, could be considerably compromised if we find ourselves associated financially (either giving or receiving) with any vested interest organization on either side of the question. The fact organizations on both sides look to us now for factual information, we believe, is at least one measure of the reputation of integrity that we have been able to develop.

THE MARGARET CORK AWARD FOR "THE FORGOTTEN CHILDREN"

During Margaret Cork's tenure as director of social work during the 50s and 60s she wrote what has become the classic study of children of alcoholics. In 1985, the U.S. National Association for Children of Alcoholics paid tribute to the author of The Forgotten Children.

"Whereas... some 28 million Americans have at least one alcoholic parent

... more than half of all alcoholics have at least one alcoholic parent

... up to 90 percent of child abuse cases involve alcohol abuse

... one of three families currently report alcohol abuse by a family member

"Margaret Cork has been a leader and inspiration in the field

... [she] is one of the initial researchers to bring to the forefront the needs of forgotten children

... her work still stands as the pivotal document shedding light on the issues

... her leadership and scholarship have opened the way for many other professionals to follow, thus

"Be it hereby resolved

[the NACA] establishes the Margaret Cork Award as an expression of gratitude and respect...

"Be it further resolved

that the Margaret Cork Award will be given to those individuals who demonstrate their compassion, commitment, and deep concern for children of alcoholics through their scholarship, their innovative treatment approaches, or advocacy for and about children of alcoholics."

MARTHA SANCHEZ-CRAIG ON THE CONTROLLED DRINKING CONTROVERSY

I think that the conflicts in the field of alcoholism are very similar to the conflicts I encountered when I went to my country [Mexico] after the earthquake. When my brother picked me up at the airport I asked, "What's the situation?" He said, "It's so bad people are even making jokes about it. You know when people are very stressed they make jokes. They claim there are two solutions for the problems of Mexico. One is practical, and the other is miraculous. The practical solution is that the Virgin of Guadalupe reappears to console the people of Mexico and to give us the means to live comfortably. The miraculous solution is that everybody gets to work." Now, let me tell you how this applies to the controlled drinking controversy. The same two solutions exist. The practical solution would be if Jellinek came back from the grave and cried from international podiums, "Colleagues, I have been able to corroborate up there in heaven that my besieged disease hypothesis is true. Don't despair. Keep working." That's the practical one. The miraculous solution would be that all of us look at the data. Nobody looks at the data.

DON MEEKS ON NATIONAL INVOLVEMENT

I was the Foundation's representative on the National Planning Committee on Training for Alcohol and Other Drug Services. The task was to come to grips with training priorities and how to really meet them for the country as a whole. I have seldom seen anything where people were brought together from so many jurisdictions with such disparate interests, priorities, resources, and problems survive, let alone flourish. I guess we all thought at first that it was probably doomed to failure. But what we saw was a kind of activity where we truly established national priorities. Everything that was done was really done with a view toward what was going to help Canada as a whole.

LONG-TERM AND STILL ACTIVE ARF EMPLOYEES– PART II

(1972-1976) 1972: Michael Anderson, Garth Barron, Bill Thomas, Sandra Stiltz, Joanne Cordingley, John LaRocque, Barry Dunbar, Lucy Munroe, Susette Khabbaz, Dennis Bernardi, Tom Franklin, Don Morgan, Samira Guirgis, Marilyn Pope, Ed Sellers, Garth Martin, Bernice Western, Maud Fearon, Ron Douglas, Terry Cox, Margaret MacPhee, Bendior Danglay, Bruce Cunningham, Celia Strachan, Ann Chiappetta, Sanjeev Malhotra, Frank Fallon, Alphonso Sullivan, Virginia Khouw, Yodha Persaud; 1973: Maria Traikou, Marjorie Cooper, Ivrel Reid, Valerie Simas, Kateryna Kulyk, Floris Durant, Jean Spanos, Agnes Farkas, Joe Cibirka, Eula Peters, John Cibirka, Martha Sanchez-Craig, Don Potter, Connie Francis, Carole Bush, Roberta Ferrence, Douglas Bullock, Mary Ann Linseman, Mario Faveri, Sheila Mezzera, Dianna Seth, Muriel Layne, Joyce Crawford, Joy Koppaithara, Jennifer Whelpton; 1974: Gloria DeMarco, David Hart, Susan Vandersanden, Wilfred Orgias, Lee Seymour, Ian Hobbs, Charles Clayton, Doug Chaudron, Peter Marks, Bev Stewart, Sally Laidlaw, Betty Findlay, Anne MacLennan, Yvonne Bedford, Linda Gorthy, Richard Boudreau, Wei-Terk Hwang, Eva Janecek, Helen Suurvali, Theresa Fan, Alan Ogborne, Jane Leong, Toby Barrett, Bill Robb, Howard Kaplan, Leila Singh, Don Cadogan, Peter Carlen; 1975: Hector Orrego, Wendy Semenick, Barbara Arntzen, Joan Blake, Marta Krywonis, Gwynne Giles, Diane McKenzie-Mehisto, Maureen Glaser, Constantine Poulos, Alain MacDonald, Shelly Pearlman, Harry Hodgson, Walter Juzytsch, Joanne Spratt, Elisabeth Hajnal, Rick Frecker, Anne Bateman, Irene Frost; 1976: Mary Atkinson, Carl Kent, Karen Kaplan, Christine Emrich, John

Peachey, Catherine Profit, Diann Devins, Erika Kovacs, Mario Giovanella, Angelito Dizon, Bill Corrigall, George Bandera, Margaret McMurdo, Virginia Ittig Deland, Paulette Walters, Harvey Skinner, Dolly Juanero, Fred Glaser, Eric Single, Woodman Yeung, Dana Tetera, Wayne Skinner.

GORD PATRICK ON THE GOOD AND THE BAD

My best recollection of the Foundation was when it was small, when the whole staff would meet around the table in the basement and have coffee every morning. The communication was fantastic. We shared problems and discussed things. We were all involved in every step of it. In the early days, when it was still such an unpopular field, the people who came into it had to have a compelling reason to stay in it, I think. They had to be touched by it in some way, or they had to have a deep degree of compassion. Margaret Cork epitomized that in terms of going the extra mile. John Armstrong did too, and Jack Holmes. They all had that extra bit, and you could trust them completely. The worst part was that the Foundation got so big. It became institutional. And then the problem that happens in every big organization happened here—people became territorial and too concerned about protecting their backsides.

ARCHIBALD AND MEEKS ON TREATMENT VS RESEARCH

Archibald: Always, through the whole experience of the clinical side of the organization, there has been tension between those who feel that the organization, clinically, should serve the purposes of research primarily, and that we should really concentrate on developing an outstanding clinical model of exemplary care and then, within that frame, research could take place—the tension between the primacy of research as compared with primacy of excellence in clinical practice.

Meeks: That's always, as long as I have been with the Foundation, been an issue, and one that sometimes yields positive results, and at other times conflict and friction. I'm not sure it is an issue that is settled in very many places where you have a mix of clinicians,

who are primarily dedicated to service, and scientists, who are dedicated to discovery and generation of knowledge. I'm not sure it is settled anywhere.

GUS OKI ON COMMITMENT

If there has been a consuming continual commitment from day one for me, it is to contribute to a synthesis between research and treatment.

CHARLES AHARAN ON PRIDE IN THE WORKPLACE

You know, I think the most exciting period in my career was in the days when the Foundation had international symposiums, and small groups came from many different countries. Those were really exciting and inspiring times—to be involved at that level. It was an organization that you felt proud to be a part of. At least I always did. I always felt great, when people asked where I worked to say, the "Addiction Research Foundation." No one ever said, "Oh, what's that?"

LONG-TERM AND STILL ACTIVE ARF EMPLOYEES—PART III

(1977-1979) 1977: Sheila Moore, Lorna Teare, Kate Compton, Steve Kovacs, Cathy Van Der Giessen, Maureen Kothare, Maria Marko, Brian Rush, Antonio Alves, Dan Noonan, Miguel De Sousa, Fred Jones, Rak Borinayakanon, Dennis Howard, Pat Pearce, Barbara Allen, Ruby Jeyapalan, Dorothy E. Warrington, Catherine MacDougall, Charlie MacDougall, Karen Dowhaniuk, Manuel Paunil; 1978: Manuella Adrian, Evelyn Vingilis, Antoinette Sealy, Pauline Jull, Silveria Maglana, Barbara Shimizu, Glen Murray, Tila Silverio, Lise Anglin, Doreen Melnyk, Doritte Sicard, Louis Gliksman, Mandy Cheng-Hui, Helen Youngson, Austin Bennett, Seline Li, Rick Couture, Michael Devillaer, Anthony Stewart, Rosaleen Byrne, Judith Dobson; 1979: Melvin Singh, Ruth Green, Barbara Steep, Larry Hershfield, Tiina Corbit, Brian Mitchell, John Firth, Norma Lesperance, Lynn Kozlowski, Jo Annett, Evadnie Johnson, Virginia Carver, Elsbeth Tupker, Casey Suchit, Larry Grupp, Ed Perlanski, John Zarebski, Julie Grayson, Joyce Conaty, Rosemary Baker, Cynthia Richards, Donna MacNeil, Judith Honey.

HAROLD KALANT ON FOUNDATION STRENGTH AND WEAKNESS

From the reactions of people I meet at scientific conferences internationally, the Foundation is seen as the number one research group in the world on problems of addiction. There are other groups with great distinction in specific areas. But for overall coverage in the field—the epidemiological, behavioral, biological, therapeutic, and other interventions—and their ability to relate to each other in a multidisciplinary way, I don't think there are any groups that can challenge the Foundation. That has been, at the same time, a strength and a weakness. It's been a strength because it has generated international contacts, chances for collaboration, invitations to Foundation researchers to participate in all kinds of conferences and projects, and so on. And a weakness in the sense that, because of that reputation, and the strength of the program, everyone has assumed that it is a federal institution. And I think that has created some hostility here in the province.

THE BALLAD OF H.D.A.—BY BAS SCULLY

Below is part of a ballad Bas Scully wrote and recited to the senior executive group in 1971 when I was awarded an Honorary Doctor of Science degree from Nova Scotia's Acadia University. Because it is long, I have picked it up where Bas talks about the parts of my life which are relevant to ARF.

It were 'ard row to 'oe to make ARF go
And there wasn't much time left for fun.
So 'e went out and got all the best of the lot
To 'elp with the job to be done.

Bob Gibbins joined team durin' early regime,
And in them days 'e wore many 'ats.
'E did all sorts of chores, even scrubbin' the floors,
Now 'e only 'obnobs with 'is rats.

There were feller named Popham, weren't no one could top 'im,
'E 'andled consumption survey.

Worked it out on 'is pad for each lassie and lad
Of per gallon per person per day.

Another fine chap wot filled a big gap
And provided an interestin' slant,
'E were 'arold by name 'oo acquired much fame
Bein' 'usband of Mrs. Kalant.

Well, things was improvin' but Dave kept on movin'
And up and down Toronto they went,
From Brookside to starboard, from Bedford to 'arbord,
It were cheaper than payin' the rent.

By now it were plain 'e would 'ave to obtain
Some assistance with communications,
So Vern Lang were 'ired and promptly conspired
To patch up the public relations.

Then, Dave, somewhat droll, said, "What about soul?
On that score we're movin' too slowly,
Not to do things by 'alf, Reverend Purdy's on staff,
We've go to 'ave *someone* wot's 'oly."

Next to come were Schankula, to 'andle the moola,
And that were a first class selection.
'Enry recent made try, Iron Curtain to buy,
'E needed it for 'is collection.

As ARF grew Dave got Boothroyd, too,
Which proves 'e were really astute,
Now Wilf's doin' fine with 'is manner benign,
And good sense of humour to boot.

Then there's Sylvia "S" 'oo keeps Dave out of mess,
And Garth Toombs of the regional corps,
And Jim Rankin won't fail ye 'cause 'e's from Australia,
And Scully wot snuck in back door.

Every once in a while when problems get vile
'E finds time to knock off and go fishin',
In season or not, 'e's off like a shot,
That's if Sylvia gives 'im permission.

HENRY SCHANKULA ON THE ATTRACTION OF ARF

The experimentation, the really great creativity—that has always been the attractiveness of the Foundation. Even today. Although the opportunities aren't quite as great, maybe even only a fraction of what they were in the early days, I still felt, after my sabbatical in the mid-70s when I considered a career change, that really I wanted to come back to the Foundation. The people are exciting. The range of talent, the colleagues, the wide variety of academic backgrounds. The opportunities are still greater than opportunities elsewhere. It says a lot for an organization that struggled through years of considerable turmoil and self-examination, almost to the point of regurgitation, that it survived and maintained its reputation as being outstanding all through those difficult times. The Foundation never faltered in terms of its external scientific and professional reputation, which is amazing. People still flock to us from all over the world, looking at programs of research and education.

GRIFFITH EDWARDS ON ARF'S 40TH ANNIVERSARY*

"Let me say what an honor and a challenge it is to be invited to take part in your 40th birthday celebrations. It is an honor because of the regard in which I, and so many others, hold the ARF. We respect this Foundation not only for its scientific output or its contribution to education or its exemplary models of treatment,

* Dr. Edwards is a Fellow of the Royal College of Physicians and Psychiatrists and professor of addictive behavior at the University of London, England. He is also a consulting psychiatrist in charge of alcohol treatment at the Maudsley Hospital in London and editor-in-chief of the *British Journal of Addiction.* He was in Toronto in March 1989 to address the Foundation on the occasion of its 40th anniversary and also to present the *British Journal of Addiction*'s first book prize to Dr. Oriana Kalant for her translation of Swiss psychiatrist Hans Wolfgang Maier's 1926 book *Der Kokainismus.*

but for the way it tries to combine these different elements of life. I think it would be redundant and improper for me to dwell on your manifest achievements. You don't need me to point them out. We honor this Foundation not only for its manifest output but for what it clearly stands for. I know this is something different. You can have rotten institutions producing good work but this is an institution which stands for something which I think in an old phrase 'bears witness,' and I would say that it is known for its 'beacon' qualities. It stands as a place of common sense, of seriousness and, that very precious commodity, some sense of fun. I think it stands for commitment and service. It stands for adventure. It stands for internationalism. I think that it's sometimes nice to have a visitor to tell you this—it actually stands for integrity, and I am delighted that I don't just say these things to a disembodied Foundation, but to younger people who need to know that and also to the founding fathers."

BARBARA FULTON ON ASSEMBLING AND EDITING THIS HISTORY

Much of the work on this manuscript was done at the round table in H. David's office on the third floor of the research tower. It is an inspirational place in which to work. One wall is lined with hundreds of books on every aspect of the alcohol and drug field—from Bill W.'s reader *The A.A. Way of Life* to Merrill Denison's business history *The Barley and the Stream: The Molson Story.* Another wall is filled with black and white photographs of some of the men, women, and children of Ban Phui, the mountain village in Thailand where Mr. Archibald spent many weeks over several years setting up a village-directed basic health service.

Along the four-metre window ledge stand 49 tiny flags, ranging from Australia's to Venezuela's, representing just half the countries H.D.A. has visited in connection with his and the Foundation's work in the alcohol field. From my seat at the table, I look over at his desk, on which stands a bust of E.M. Jellinek—"Bunky to his friends"—which H.D.A. received as a recipient of the Jellinek Memorial Fund Award for "outstanding achievements in advancing knowledge in the national and international alcohol fields." Just as he had been to so many people during his lifetime, "Bunky" became my muse. When I wondered where to go next with the stack of transcripts piled before me, I seemed to gain direction by gazing at him. As Harold Kalant said about him, "He was very much a general father figure, advisor, and critic, with

such personal charm and good humor that you always felt at ease in talking over any problem." But his spirit remains—as does his legacy.

IAN WILLIAMS—FROM THAILAND*

Dave, you will listen to this message when you are back in Canada. I am recording at Ban Phui.**

You will remember we had a pretty tough time coming through [by helicopter] because of very poor visibility. I would like to take this opportunity, as you listen to me in your office, to thank you most sincerely, not only on my own behalf but from all of us who work here in Thailand, for the outstanding contribution you have made to the treatment and rehabilitation project, which is, as you know, part of my program. Without your help, the lack of progress would have continued and we now say to you, from the mountains of Thailand, "Dave, thank you very, very much."

During my interview with Major John Foote for this history, his reminiscences ranged across many highlights of his life—his wartime experiences on the beach of Dieppe and in German prison camps, his days in the legislature as vice-chairman of the Liquor Control Board and as minister of reform institutions, and finally, his zeal in convincing the "wets and the drys" that what they both needed was a non-partisan, independent Alcoholism Research Foundation.

Towards the end of our two-hour talk, he smiled and said, "It's been a travel, hasn't it?"

I can't think of a better way of summing up my own 40 years at the Addiction Research Foundation. Through the glory days, even through the dark ones, it has, indeed, been a travel.

* Director of the United Nations' community development and crop substitution program in Thailand.

** A small remote opium-producing village in the heart of the "golden triangle."

APPENDIX A

The following brief, submitted in December 1950, by H.D. Archibald to the Honourable Mackinnon Phillips, minister of health, outlines the rationale for and the proposed organization of the Alcoholism Research Foundation.

POLITICAL CONSIDERATIONS

Because alcohol has always had political connotations, governments have always been under some criticism for the administration of this problem. While prior to 1947 in Ontario, a good portion of this criticism has come from small but vocal prohibition groups, it should be noted that, particularly within the last 12 months, serious criticism has been coming from "the middle of the road" group of citizens and from those organizations such as the Provincial Council of Women who have been demanding that constructive action be taken. The suggestion has been made more than once, in many newspapers of various political affiliations, that a portion of the profits made from the sale of alcoholic beverages should be used for the rehabilitation and treatment of the alcoholics, and for education on alcoholism....

Because of the new constructive scientific approach being taken concerning the problem of alcoholism by leading world authorities on the subject, and because this approach has found acceptance in Ontario among such groups as the Temperance Movement, the Provincial Council of Women, the Home and School clubs, and many church leaders, it is felt that any constructive moves by the Ontario government in this field will receive the support of the ever-increasing body of public opinion.

Some of the objectives of the new organization in this field should be

a) to detach the problem from the political arena,

b) to develop and coordinate research in the alcohol field in Ontario's universities, and

c) to channel research findings through a central agency and use the research data to facilitate strong community leadership and education through such groups as the Provincial Council of Women, the Home and School clubs, and various industrial groups, all of whom are anxious to help seek a positive solution to the alcohol problem.

It should be carefully noted that it will not be sufficient to concentrate on research, rehabilitation of alcoholics, and education in the school system. Careful consideration should be given to a planned program for the education of parents, bearing in mind two fundamental concepts:

a) the information which children have received in the past is based

more on emotion than fact, the idea being that kids are not mature enough to deal with the alcohol problem; and

b) the real and fundamental influence on children comes from the home.

The churches, and women's and other organizations can and should play a constructive role. In community education the important thing is the machinery to tackle specific problems. The ultimate solution of the alcohol problem, or any social problem for that matter, must be related to individuals in that community, and come out of the community as a whole rather than be superimposed by a higher authority. Hence, it is important that every individual in each community has as much basic knowledge as possible. One of the needs in Ontario today is the development of community groups which are representative of various educational, occupational, and cultural backgrounds, attitudes and ideas, and which can create the necessary machinery for action.

The general aim of plans should therefore be to establish an approach to the problems of alcohol in Ontario based on research, education, treatment and rehabilitation, and community development—an approach to the problem that is proving to be effective in other countries, notably the United States and Sweden.

Legislative action has already been taken to establish an organization which can now be used to handle many of the vexatious aspects of the alcohol problem. The Alcoholism Research Foundation, with revisions, is the most logical body to undertake this work.

Based on these preliminary considerations, John Foote and David Archibald were asked to prepare an outline of organization and function of the Alcoholism Research Foundation.

FUNCTION

The overall function of the Alcoholism Research Foundation will be to conduct programs of research, rehabilitation, and community education in the field of alcoholism. The immediate focus will be to correlate the existing services in the field of alcoholism and to promote and expand these services wherever indicated. This function will be clearly defined and stated publicly so as to avoid any possibility of becoming involved in the "wet-dry" controversy.

MEMBERS OF THE ALCOHOLISM RESEARCH FOUNDATION

The members of the Foundation will be concerned with all administrative and financial matters pertaining to the operation of the Alcoholism Research Foundation. They will have the final approval or rejection of any matters relating to the spending of monies by the executive director or committees organized under the Foundation. This, of course, being

subject to the overall authority of the Lieutenant-Governor in Council.

EXECUTIVE DIRECTOR

The executive director will be agent and coordinator of the various activities promoted and conducted by the Foundation and the committees as organized under the Foundation. He will sit with all the committees as organized under the Foundation, as well as the advisory board. He will act as chief executive officer and secretary to the board of trustees. With the approval of the members of the Foundation and the Lieutenant-Governor in Council, he will have such secretarial and other staff assistance as is needed to do a first-class job.

ADVISORY BOARD

Under the *Alcoholism Research Foundation Act*, the advisory medical board shall be "composed of such psychologists, duly qualified medical practitioners, and other persons as the Foundation, with the approval of the Lieutenant-Governor in Council, may appoint." This board should be developed with two major considerations:

1. broad professional representation;
2. provincial-wide representation.

The functions of the advisory board will be:

1. To act in an overall advisory capacity in the development of a well-rounded program of research, rehabilitation, and education in the field of alcoholism;
2. To act individually and collectively as liaison between the Foundation and the various communities and publics concerned with the problem of alcoholism;
3. To assist the executive director in screening reports and recommendations submitted to the Foundation by the various committees, prior to submission of these reports to the members of the Foundation;
4. To assist the executive director and the members of the Foundation in the various organization problems connected with the development of an effective organization to deal with the problem of alcoholism;
5. To appoint, subject to the approval of the members of the Foundation and the executive director, members of their own board to act as chairmen of the committees to be organized under the Foundation;
6. To advise on all matters relating to the professional staff, i.e., doctors, social workers, nurses, etc.

COMMITTEES

At least four committees should be immediately organized. These committees are:

1. Committee on Clinical and Hospital Treatment
2. Committee on Scientific and Clinical Research
3. Committee on Community Education
4. Committee on Information Centres.

1. *Committee on Clinical and Hospital Treatment*

The function of this committee will be to advise in the organization and coordination of all treatment facilities. It will also supervise and direct the methods of treatment and all other clinical and hospital matters pertaining directly to the conducting of a first-class treatment program. It shall submit reports on the operation of the treatment program to the executive director, and members of the Foundation, and such reports will be resubmitted by the Foundation to the Lieutenant-Governor in Council.

2. *Committee on Scientific and Clinical Research*

This committee will be concerned with the selection and promotion of research projects in the field of alcoholism. It will immediately coordinate all existing research projects in order to prevent overlap of effort and subsequent wastage of funds, as well as to insure that the projects of immediate importance receive adequate priority. It will submit reports to the Foundation and the Lieutenant-Governor in Council through the regular channels of communication.

3. *Committee on Community Education*

This committee will be concerned with the organization and direction of adequate community educational measures, basing all information on factual material as developed by scientific research.

The immediate task of this committee will be to study ways and means of educating the public to accept the following facts:

a. Alcoholism is a disease and the alcoholic is a mentally and physically ill person, not an amoral being.

b. The alcoholic can be effectively treated and helped by modern therapeutic procedures.

c. The alcoholic, economically and socially, is worth helping.

Reports from this committee will be submitted to the Foundation and the Lieutenant-Governor in Council through the regular channels of communication.

4. *Committee on Information Centres*

This committee will be concerned with the development and administration of information centres in line with the development that has proven to be successful in the United States. Its immediate task will be:

To organize an effective information centre in Toronto under the Foundation, which will serve as a model for the development of information centres in other Ontario communities.

APPENDIX B

JELLINEK MEMORIAL AWARD
LIST OF RECIPIENTS

Year	*Name*	*Category*
1968	Dr. Jean Pierre von Wartburg University of Bern Bern, Switzerland	Genetics and Biochemistry
1971	Dr. Kettil Bruun Finnish Foundation for Alcohol Studies Helsinki, Finland	Sociology
1972	Bill W. (Co-Founder of Alcoholics Anonymous)	Honorary
1972	Mr. Robert Popham Addiction Research Foundation Toronto, Canada	Epidemiology and Pharmacology
	Dr. Harold Kalant Addiction Research Foundation Toronto, Canada	
1974	Dr. Joan Curlee-Salisbury University of Minnesota Minneapolis, Minnesota U.S.A.	Clinical Psychology

1974	Dr. Donald W. Goodwin Department of Psychiatry Washington University St. Louis, Missouri U.S.A.	Psychiatric Genetics
1976	Dr. Charles S. Leiber Prof. of Medicine and Pathology City University of New York New York, New York U.S.A.	Clinical Medicine
1977	Prof. Mark Keller Prof. of Documentation Rutgers University New Brunswick, New Jersey U.S.A.	Documentation
1977	Dr. Werner K. Lelbach University Clinic Bonn, Germany Dr. Georges Pequignot National Institute of Health and Medical Research Le Vesinet, France	Clinical Epidemiology
1978	Dr. Nancy K. Mello Alcohol and Drug Abuse Research Center Harvard Medical School Belmont, Massachusetts U.S.A. Dr. Jack H. Mendelson Department of Psychiatry Harvard Medical School Belmont, Massachusetts U.S.A.	Experimental Behavioral Studies

1979	Dr. J. Griffith Edwards Addiction Research Unit Institute of Psychiatry London, England Dr. D.L. Davies Alcohol Education Centre The Maudsley Hospital London, England	Socio-Behavioral Treatment Evaluation Research
1980	Dr. Yedy Israel Clinical Institute Addiction Research Foundation Toronto, Canada	Biomedical Research—Treatment
1981	Dr. Wolfgang Schmidt Addiction Research Foundation Toronto, Canada	Epidemiological Research
1981	Mr. R. Brinkley Smithers The Christopher D. Smithers Foundation Mill Neck, New York U.S.A.	Honorary
1982	Dr. Albert J. Tuyns Centre International de Recherche sur le Cancer	Research in Clinical Medicine
1983	Dr. Robin Room Alcohol Research Group Berkeley, California U.S.A. Dr. Klaus Mäkelä Finnish Foundation for Alcohol Studies Helsinki, Finland	Social Science Research

1985	Dr. Paul Lemoine Chief of Service for Pediatrics Nantes Hospital Nantes, France Dr. Ann P. Streissguth Division of Child Psychiatry University of Washington Seattle, Washington U.S.A.	Medical and Biological Research (the fetal alcohol syndrome)
1986	Dr. Ting-Kai Li Indiana University Medical Center Indianapolis, Indiana U.S.A.	Experimental Research on Alcoholism
1986	Dr. H. David Archibald International Council on Alcohol and Addictions Toronto, Canada	Honorary
1987	Dr. Ole-Jørgen Skog National Institute for Alcohol Research Oslo, Norway	Social Sciences
1988	Dr. Boris Tabakoff National Institute on Alcohol Abuse and Alcoholism Bethesda, Maryland U.S.A.	Biological and Medical—Clinical

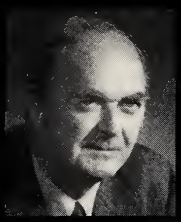
APPENDIX C

EDUCATION DIVISION'S PLAN FOR OPERATION CAUTION, 1960

TARGET AUDIENCE	*FOCAL POINTS OF INTEREST IN ALCOHOL PROBLEMS*	*MOST EFFECTIVE MEDIA TO BE USED IN COMBINATION*
A. Young people (ages 14 to 20)	1. Physical and psychological effects of various alcoholic drinks likely to be encountered in early experimental use. 2. Effects of drinking on driving ability. 3. Effects of drinking on behavior. 4. Significance of drinking in adult society.	a. Radio at teenagers' peak listening time. b. TV at teenagers' peak viewing time. c. Newspapers—expecially comic strips, sports pages, and teenage sections. d. *Canadian High News*. e. Youth groups under various auspices. f. Classroom material.
B. Employers and employees	1. Effects of heavy drinking and hangover on job performance, absenteeism, accidents, and wage loss. 2. Recognition of alcoholism treatment possibilities, and the value of rehabilitated alcoholics. 3. Company policies and procedures which have proved effective in reclaiming deteriorating alcoholic employees. 4. Attitude to labor unions and their cooperation in rehabilitation. 5. Instruction of personnel and medical departments and of supervisors in respect to recognizing, counselling, and referring cases or suspected cases for treatment. 6. Company-wide education programs to discourage repeated excessive drinking and to encourage employees with alcohol problems to seek help.	a. Personal letters to heads of companies. b. Management publications (*The Financial Post*, *Executive Decision*, *Fortune*, etc.). c. Trade, business, and technical periodicals. d. Trade association meetings, business conventions. e. Industrial house organs. f. Union publications and union meetings. g. Executive development and business administration courses. h. In-plant posters. i. Industrial reading racks. j. Newspapers (especially financial and sports pages).
C. All those who drive cars	1. Effects of drinking on driving ability.	a. Radio (at commuting hours especially). b. Television. c. Newspapers. d. Billboards on heavy traffic routes. e. Exterior streetcar and bus cards.

		f. Stickers inside new car windshields, or plastic cards on new car sun visors, and bumper stickers. g. Plastic "drinking limit" cards issued with driving permits. h. Table cards, coasters, match books, and placemats in cocktail lounges, licensed dining rooms, etc. i. Letters to holders of gasoline credit cards and to automobile insurance policyholders. j. Posters at service stations.
D. All social drinkers	1. Effects of alcohol in various quantities. 2. Signposts on the road to alcoholism.	a. Table cards, coasters, match books, and placemats in cocktail lounges, etc. b. Imprints on paper bags at liquor vendors and on the tops of beer cartons. c. Streetcar cards and subway posters. d. Newspapers, magazines, radio, and TV. e. Short 16 and 35 mm films for theatrical group use.
E. Alcoholics and their families	1. Signposts on the road to alcoholism. 2. Community treatment resources—how to approach them, and what to expect when one applies for help.	a. TV and radio spot announcements. b. Newspaper and magazine feature stories. c. Small newspaper advertisements adjacent to "Advice" columns on women's pages and in "Personal" section of classified advertising columns. d. Pamphlets in waiting rooms of all social agencies, doctors' offices, industrial health centres, industrial reading racks, ministers' studies, public libraries. e. Books on alcoholism in all public libraries. f. Material for distribution by visiting nurses.
F. Sellers and servers of alcohol	1. An appreciation of alcoholism as a problem. 2. A knowledge of the kind of person and the kind of drinking usually involved in alcoholism.	a. Beverage industry trade papers. b. Beverage industry association meetings. c. Personal letters.
G. Professional health workers	1. A knowledge of the disorder of alcoholism and how it affects the individual man or woman. 2. Community treatment resources and how to use them.	a. Professional journals. b. Professional meetings. c. Case history training films. d. Personal letters. e. Undergraduate and post-graduate courses.

TARGET AUDIENCE	*FOCAL POINTS OF INTEREST IN ALCOHOL PROBLEMS*	*MOST EFFECTIVE MEDIA TO BE USED IN COMBINATION*
H. Members of the clergy	1. How to help alcoholics and their families. 2. How to deal constructively with this subject from the pulpit and in various group discussions.	a. Professional and denominational periodicals. b. Personal letters. c. Pastoral counselling courses (post-graduate). d. Undergraduate courses. e. Calendar blanks for church use. f. Congregational meetings.
I. Teachers and youth workers	1. Survey data on the extent of drinking among teenagers. 2. Materials for transmission to teenagers (see "A" above).	a. Teachers' journals. b. Teachers' meetings and conventions. c. Personal letters. d. Teachers' manuals and new teaching aids.



H. David Archibald, CM, MSW, DSC (Hon), is the man who, more than any other, created, guided, and left his personal mark upon the Addiction Research Foundation.

These memoirs include many informal chats with those who were there, and provide a vivid and informative picture of the wide-ranging activities of the Foundation, the external pressures from government and the public, and the panorama of addiction research.

ARF Books

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